The Harveian Lectures

ON

COMMON NEUROSES, OR THE NEUROTIC ELEMENT IN DISEASE AND ITS RATIONAL TREATMENT.

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LECTURE III. (*Concluded.*)

COMING next to constipation, it is hardly necessary to insist that there are two predominant factors in its production—the influence of the nervous system direct, and the influence of habit. The influence of the nervous system shows itself by a phlegmatic reaction to the natural stimuli, and this may be either an action natural to the individual; or an unhealthy one, due to a lowered vitality of the centres involved. There is no difficulty in establishing the power of the nervous system to determine the complaint when we consider how in several morbid conditions—melancholia in particular, but in hemiplegics, acute and chronic inflammatory conditions, and so on—one and the other keep time together; and there can be no question that, although the derangement of the bowels is an important element for consideration in promoting the cure, the morbid condition of the nervous system precedes. It is with the bowel as with the stomach, as in a case already noted, the sleeplessness always *preceded* the flatulent dyspepsia. Moreover, who has not seen several times the milder forms of nerve disturbance—the simple depression of spirits, the transient glycosuria that occurs in the overworked, &c.—closely followed by obstinate constipation? It is often thought that the benefit that accrues on a good clear out shows that some of these states are the result of the fouled flues. No doubt this is so sometimes—it cannot be so always; and there is no doubt that the intestine, as regards constipation, is a highly sensitive organ from which we can very often read the temperament or disposition of the man. But that is not all: it is an index of the state of nervous tone and vigour of the patient; and there is many a state of constipation that is not a case for aperients at all, but requires the liberal use of tonics. But I have something to say also on the subject of habit. It is sufficiently obvious that the repeated recourse to aperients conduces to constipation and engenders a habit; but perhaps I may say this also—that, impressed as we all become as years go on of the primary importance of maintaining the purity of the *primæ viæ*, we sometimes forget in our advice to the patient that aperients are, after all, only a makeshift, and that they are an evil unless the good they do is undoubted. But the point I wish to make is this—that I have often been told by the chronic *piller*, as an excuse for the persistence in his practice of pill-taking, that he cannot leave it off, because if he does he never has a satisfactory evacuation. He appeals, in fact, to the habit that he has cultivated. But I maintain that in some cases he has not fully considered the question, and that he is not always right. And for this reason. The chronic exhibition of aperient drugs, which are in most cases irritating, engenders a state of periodical excitement in the peripheral nerve endings of the intestine, and ultimately raises the unnatural condition to a *natural* one *for them*. When this time has arrived, the bowel may be described to pass through periods of hunger and periods of satisfaction, according as it is being tickled by the drug that has been given or not. The condition is on all fours with the opium-eater's sensorium, and the bronchial tubes of the chronic asthmatic under the influence of repeated inhalation, and the mucous membrane of the habitual snuffer. And this state extends through the whole length of the intestine probably; but in the present case it is the lower bowel that conveys the sensation of a satisfactory evacuation or not. If it feels the bite of the stimulant, then the individual, through his local sensations, describes himself as satisfied; when the bowel is not under the influence of the stimulant, then there is no adequate sensation of a good clearance, and the patient takes his ease in discomfort. The bowel, like the stomach, takes kindly to good living; but when it has been used to the luxury of such dainties as compound colocynth pill, calomel, aloes, and such like, it, no more than the stomach that has been fed on highly seasoned foods, likes to be deprived of them. The rectum is a very pretty judge of quality, but a very poor one of quantity. So that when a patient, after such means as this, takes to Carlsbad salts and mineral waters and says that they do him no good, and that he must go back to his old remedies, all that he really means is that he cannot control the wishes of his lower bowel any more than the opium-eater can control the cravings of some other part, or the alcoholic his cravings.

But it is not only in constipation that the neurotic tendency of the bowel comes into play. It is even more strikingly seen, if not quite so often, in the explosive diarrhœas that are common in children, and sometimes dog the steps of the individual even to adult age. I can well remember having for some time as one of my out-patients at Guy's Hospital a poor feeble neurotic patient who was in this unhappy condition—that if anyone suddenly came behind him in the street and clapped him on the back with a "Hulloa! how are you, old fellow," his bowels would promptly act. I have never seen another case so bad as that; but I have seen several where they had to walk circumspectly; and the well-recognised condition where the mucous membrane of the intestine seems to be over-sensitive and reacts energetically as soon as food enters the stomach is a similar state of things, and an indication of a temperament. It is certainly a neurotic condition, and may be remedied, as so many of the too sensitive conditions of the nervous system may be, by tonics in part, but much more, I think, by tonics with minute doses of opium added to them.

And this question of diarrhœa leads me on to another very interesting disease that has been called membranous colitis. The term is not a good one because there is no inflammation, but I mean a condition in which casts, more or less perfect, are passed from the bowel. I first made acquaintance with this disease by the kindness of Mr. E. U. Berry of Gower-street many years ago. Since then I have seen many such cases, and they have been all, with one exception, in women who were of a markedly neurotic disposition. I have only once, I think, seen it in a man, and then, interesting to relate, it was associated with the presence of ascarides. The cases I have seen have mostly put on similar characters. Here is one. A young married lady, who dates her troubles from blood-poisoning. She is a highly nervous lady, and always afraid she shall be considered hysterical—a very common dread in the over-nervous. She is able to take little food, for when she eats *solids* they are frequently followed by faintness and sinking sensation in the lower part of the abdomen, the extremities get cold, and she has peculiar twitchings. She is excessively particular about the action of the bowels; when they do not act she has an enema. Every eight or ten days mucous casts are evacuated, and before they come she turns sick, and feels so ill and all-to-pieces that she wishes she might die. She has wasted in the last year or two. This passage of mucus will go on for years, and it does little apparent harm, although the patient is generally spare and mostly of an over-anxious or unhappy disposition. I am very interested in this affection, because it will be in the recollection of my hearers that long ago Dr. Eustace Smith described a condition in children to which he gave the name of mucous disease, in which an excess of mucus is passed from the bowels. I had come to the opinion that this symptom occurred in children either of neurotic inheritance or evidently neurotic in themselves, and in fact that it was in some way a part of the neurotic constitution. I believe now that the mucous disease of children is represented in adults by membranous colitis, and that in *all* the neurotic constitution is a constant feature. What the bond of association may be is a difficult question; possibly a state of the nervous system that is considered adequate to the production of a torpid liver may produce a torpid intestine too, and in some way the mucous surface becomes coated with its own effete products—a parallel, perhaps, to that thick and harsh condition of the skin which is seen in many a case of mental aberration. I should be not adverse to some such hypothesis, if only for being able by such a means to avoid the word catarrh, which, I suppose, would indicate *activity*, not *torpidity*. The symptom, at any rate, goes with a state of sluggish

abdominal organs, and it is in no sense one that has even the remotest likeness to inflammation. It is of interest, too, that it should be associated sometimes with the presence of ascarides. This is no more than one would expect, but ascarides are not a common occurrence in adults. And in relation to them I may mention that both for them and mucous disease, when I have opportunity, I am advising the trial of the oleo-resin of copaiba as a possible means of relief, on the recommendation of my friend, Dr. Argles of Wanstead, who tells me that for ascarides he has found this drug administered in capsules one of the most efficacious of remedies for killing the parasites. But in saying this let me not be supposed to be departing from my affection for principles, and that in these things, as in others already mentioned, the disease is a neurotic one, and is certainly much relieved by assuring the patient that it goes on for years without any appreciable harm to the individual, and that a good tonic of arsenic or strychnia and quinine is almost always beneficial, combined with any local remedies for regulating the working of the abdominal viscera. There are other points of interest in this disease that might well be considered, the emaciation particularly; but they fall beyond the line of my present purpose, and therefore I must leave them, though reluctantly.

The consideration of nervous diarrhœa leads on naturally to the subject of stomach ache and abdominal neuralgia, of which I have notes of several interesting cases, but unfortunately no time to relate them. All I can say is that they are exceedingly puzzling, and in several I have hesitated whether there were actual disease, and but slowly come round to the diagnosis of neuralgia. No one feels more than I do that a term of this kind is one of the refuges I have already alluded to and the grave of many a reputation; nevertheless, there is assuredly a severe form of neurosis in the abdominal nerves, sometimes starting in the stomach, sometimes in the intestine, small or great, and many times owning a uterine or pelvic cause, and which, as far as one can approach to certainty, is of functional character. I have purposely excluded from mention the kidney, because I want now to make special reference to that organ as a source of abdominal or renal neuralgia, because it is a somewhat novel subject, and because it falls in with what, on the whole, has been the mainspring of these lectures. I am indebted for much of my train of thought on the subject to a single case, seen eighteen or twenty years ago, that made a great impression on me at the time, and has, without doubt, controlled my advice in many a case since. It was that of a woman who was in Guy's Hospital several times, or for a long time, with all the symptoms of renal calculus. She had severe pain of a paroxysmal kind, and repeatedly passed large quantities of blood in her urine, but that she was also a pronounced neurotic no one doubted who saw her, and I think in consequence she was subjected to an unusually long period of scrutiny. However, after a long while no one who saw her had any doubt that she must have a calculus in one kidney—I forget which at this distance of time. It was at the period when the first talk and performance of nephrectomy were beginning in Germany, and after long waiting it was at last decided to operate in her case, and the kidney was removed. I think it was the first case that was done in this country. The kidney proved to be perfectly healthy, and no stone or evidence of the previous existence of one was to be found. The patient died from the operation in a day or two, and I made the post-mortem examination, and the other kidney, bladder, and indeed all parts of her body, were absolutely healthy. I have ever since felt obliged to admit that all the symptoms of stone in the kidney may be present, even to the passage of blood from the organ, and yet no stone exist; and the only explanation that seems possible is that under the stress of some severe abdominal nerve-storm emanating from the kidney in a neurotic subject, the circulation of the part may become disturbed, and so the passage of blood was to be explained. I admit, for no one nurtured on the rude facts of morbid anatomy as I have been could help doing so, that in such an explanation there is always a lurking spectre of mistake somewhere; nevertheless, I cannot now but think that it does fall in with clinical experience. And for that reason tender and movable kidneys form a subject of the greatest practical importance. In the last ten years I have come across many cases of this sort, and I have taken notes of seventeen cases. Two facts call for notice: first, the large preponderance of women affected, thirteen to four; and, secondly, that both women and men were almost without exception definitely neurotic. As regards the preponderating influence of the female sex, it may be that it is really much more common, but it is also possible that it is not so, and that men go about with movable kidneys and do not complain. I suspect, however, that my figures, small though they be, give a pretty accurate idea of the relative frequency of the affection in the two sexes, and the cause of this preponderance may possibly be the prevailing mode of dress in the female. It is needless to say that tight lacing must be a great influence for its production, but tight lacing is not necessary. There are lots of women who would be insulted at the bare suggestion of such a thing, and yet on undressing they have no little difficulty in unfastening their corsets. And if you ask them whether they do not find them tight, they will almost certainly repiy that if they had them looser there would be no support. *Support*, therefore, means a very fair amount of constriction of the lower part of the chest, and also a considerable power in extruding the kidney from its snug bed up under the ribs. Thus far there is no explanation of the occurrence of pain; but in these cases the kidney was not only movable, it was painful; and unless the mere displacement of the organ was sufficient to cause the pain by dragging, we must apply to the other fact that I have mentioned to explain it, and I certainly believe it was painful because the patient was neurotic, or, perhaps better, that the displacement causes some slight discomfort or tends towards such a thing, and that in the neurotic this is soon transmuted into an intolerable pain, or leads to an explosion in the shape of a violent renal neuralgia. Either way the important fact to be borne in mind is that it may be there by reason not so much of the local displacement as because of the temperament of the individual. And this is a matter of the greatest importance now that movable kidneys are being treated commonly by the operation for their fixation. It might be surmised on *a priori* grounds that, just as has so often happened in dividing, and even in excising, portions of nerves for neuralgic affections elsewhere, after a period of ease the torment has commenced again, so here. For this reason I have been and am averse to having recourse to this operation except as a *dernier ressort*, and I have seen more than one case that bears this opinion out. Some time ago I saw a patient who had very severe attacks of abdominal neuralgia. They were so bad that she had time after time to be put under the influence of an anæsthetic, and kept under its influence for many hours. She had a movable kidney on one side, and the pain radiated much in the position of the displaced organ. She had a belt made, and it acted fairly well as long as she was in bed; but what belt can compete against the abdominal wall, when it is required of it that it shall hitch up the organ under the ribs? and it failed eventually, as all such appliances do fail, besides proving very uncomfortable. It was ultimately determined to operate, as the pain returned, and life under the circumstances was hardly worth the living. The kidney was stitched into position, and I must admit that for many months she had perfect relief, and became quite a different woman. So being, I came to the conclusion that I was wrong, and that fixing the kidney was, after all, a successful operation. But time has gone along, and now I hear that the pain has returned. It is therefore quite possible that although unquestionably great relief was obtained by the operation in this case, it may yet be that the relief is only such as the neuralgic is likely to obtain from the last new form of treatment, whatever it be, and the more decisive the treatment undergone the more the relief for the time being. I do not, of course, wish to slight the value of operative measures in certain cases—all I wish to convey is that the patients are neuralgics, and that to be a neuralgic indicates a vice of nervous action that no operation can hope to cure; and that since an operation is only treating a symptom, in no sense attacking the disease, these are cases for great deliberation. Our endeavour should be to encourage the patient to make light of her trouble, and, by improving her nervous tone by such means as are available, to enable her to bear, and so to cure, the fundamental condition, and only to operate when patient means have failed.

And here may be said what needs be with reference to uterine and ovarian neuralgiæ. I have said it is a bad day for a man when he first knows he has a heart; it is a ten times worse day for a woman when the pelvic pains to which so many are subject are focussed for her by medical opinion upon uterus or ovary. If there is anything that curdles my blood it is to hear a woman talk of her ovaries

as of some intimate acquaintance, and I confess that in this sense I have never been able to subscribe to the Pauline doctrine that "our uncomely parts have more abundant comeliness." One cannot of course suppose (as Sir William Gull used to say of the jejunum that it has no pathology) that organs fulfilling such important functions should have no liability to the aches and pains that all flesh is heir to, or even that they are free from a large measure of disease. We know that it is not so, but there can be no doubt that the ovaries are organs that largely concern themselves with functional disease, and with forms of it, too, that penetrate into the inmost recesses of the patient's being. Do we always remember this at the present day with all the prevalent means of treating disease locally? Do we not sometimes undertake local treatment hazardously, I mean as regards the chances of *real* improvement, because it can be effected with so little risk to life? Is it not too often, "It cannot do any harm, and it may do good." Surgery can happily accomplish now much of what it undertakes; but it needs to remember that it has not yet attained to the enucleation of the neurotic constitution. And when I see, as I have seen, the uterine appendages removed for an apparently incurable neuralgia, I see in the measures adopted not the advance of scientific surgery, as some might suppose, but the abasement of the patient, who has been obliged to yield to the force of circumstances. It is a poor result. Operations of this kind are on a par with some of those upon a painful kidney, or with the destruction of Meckel's ganglion for tic. They may be necessary just as war is necessary. But they are nothing to be proud of; they often leave a lot of "bad blood" behind them, and they are conspicuous for the failure of those higher and more fundamental arts of treatment that should have lifted the patient over this necessity. To criticisms of this kind it is often said: "But the people love to have it so"; and true it is. But for us the thought should ever be: With the kidney gone, the ovaries removed, the Meckel's ganglion destroyed, and the pain returned, what will ye do in the end thereof?

With one other subject only do I propose to trouble you, and I have done. It is one perhaps most dear to the neurotic of any I have named, and, shall I say, most indispensable of all as a shelter to the doctor? I need hardly say that I allude now, in its own right, to the *torpid liver*. Ah! what, indeed, should we doctors do without this sluggard of an organ to *treat*? What would many a patient do without a vital of this kind to nurse and think about? "Well, doctor, it is my liver," falls so commonly on the ear, that blue pill, if we are old-fashioned, or podophyllin, euonymin, &c., if we are sensitive to the breath of the trade winds, comes as an automatic response, which hardly, if at all, stirs our sensorium. How often, I wonder, do we really think outside this groove, and question for the particular individual that is at the moment seeking our aid whether we shall take *his* diagnosis or make our own? I shall venture to maintain to-night that the liver is a much-abused organ, and that there are thousands of people in the *civilised* world—the savage has his knowledge of good and evil to come—who are being physicked for their livers with nothing the matter with them, save a dulled or flabby nervous system. But do not let it be supposed from what I have said that I disbelieve in the existence of a torpid liver. Quite the contrary. But I am trying to shift the responsibility of its supposed crimes on to the back of the real offender. All I am contending for is that the torpidity is not a disease but a symptom, and that in nine cases out of ten, when individuals come complaining of their liver, it is *the individual*, not *it*, that is at fault, and that to make such people really well it is necessary to replenish the spirit that animates *them* and at the same time regulates the blood flow in the inmost recesses of their vitals.

And, for example, a disease that I would shift from the shoulders of the liver to those of the nervous system is one that, of all others perhaps, seems the most unlikely—viz., gall-stones. It has long seemed to me that, although we talk and see much of this disease, we are almost absolutely in ignorance as to why these concretions form. "A sluggish liver forms thick bile" may be sufficient for some minds, but why should the liver be sluggish? It is usually supposed that these concretions form in those of sedentary habits and of stout build. But this is not by any means so, and I assert that it is at least as often that it occurs in the *neurotic*, and in a physique that is the thinnest of the thin. Moreover, I have also been struck with the frequency with which people will tell you that their troubles in this respect first began in connexion with, or after, worry of one kind or another. And when we come to think about it, although it seems at first sight absurd to drag in the nervous system for such a tangible and remote affection as gall-stones, it is far otherwise, for there is nothing more reasonable than the supposition that the nervous energies being at a low ebb, or frittered away in a restless anxiety, the liver, which admittedly must require a large supply of nervous current to enable it to get through its work, is too torpid, its various changes are carried on slowly, and performed badly, the cholesterine that should remain in solution is thrown down, perhaps formed in too great abundance, and thus the stone is set agoing. There is nothing in such a train of reasoning that is anywhere outside unreproachable doctrine, and, in my opinion, nothing that is not highly probable. If this is so, what is the use of stimulating the liver, and although such a practice is endorsed by ages of custom, if we retire into ourselves and think the matter out for ourselves by the light of our experience, can we say for certain that the blue pill, the podophyllin, the salines, the Carlsbad salts, and so on, have accomplished the work that we entrusted to their care? I think that were it so we should know more than we do of the why and the how of the formation of these concretions; whereas, in truth, we know nothing of these two points, and we must fain confess that as yet we have not got behind the most obvious symptom of some disease we are in absolute ignorance of.

And now, gentlemen, I have done. In taking leave of my subject, let me remind you of what has been my aim in these lectures. It was, in giving you a clinical exposition of the common neuroses (and here I must say that my original intention was to have given you many more notes of actual cases, but the large amount of material at my disposal and the exactions of time have prevented), to lay stress on the very certain fact that there are limits to the treatment of this class of diseases by drugs and operation, and that there are many conditions in which the cure must come mainly from within—our function in chief being to call out this dormant power. I wanted to insist, because I am sure at the present day we are too likely to forget, that the highest position we can take is to cure people by advice rather than by drugs: to make the public pay for the use of our brains, and not for so many ounces of physic. Drugs have their own field, but they are our instruments only; of themselves they have no vitality, and a sound common sense—may I say a robust physiology?—has a larger mission even than they in the treatment of disease. There is a time to give drugs, and even to give them with a free hand, but there is equally a time when advice only is needed, and not physic—shall I stop there?—no, when to give drugs is quackery! Yes, there are times when to give medicine is to give *poison*, for it sends the poor patient on a hunt for health which no physic will procure, and it lets slip the opportunity—in the exigencies of human pain and of suffering of all kinds too seldom fit—of pointing the ignorant to a future of Medicine, which both for us and for them is an ideal to be hoped for, to be striven for. I am not one of those who think that if one could conceive of a future for Medicine in which drugs should bear no part that the function of the doctor would be gone. Rather do I hold that as the level of health of a community is permanently raised, so is he emancipated for a sphere of larger use, of still more liberal aims, of nobler purpose. But, Sir, that is a subject for a future Harveian lecturer. For me it must be enough to press the conviction I hold that, the large class of ailments that have formed the subject of these lectures admit of treatment, and ought to be treated with a minimum of drugs; and that if we could but prevail on the neurotic to see this, there is many a one who is now passing a life of aimless and too often hopeless invalidism to whom we might certainly promise in language that many of them know too well:

> "Soon will come the great awaking,
> Soon the rending of the tomb,
> Then the lessening of all shadows,
> And the end of toil and gloom"

But that end is not yet. Will it ever be? I must sorrowfully confess that the prosaic side of life suggests a couplet from another source:

> "But when you see that blessed day
> Then order your ascension robe."

None the less, we still can say, "Come from the four winds O breath, and breathe upon these slain that they may live."

Clinical Lectures
ON
STRICTURE OF THE ŒSOPHAGUS,
WITH FOURTEEN ILLUSTRATIVE CASES, IN FOUR OF WHICH GASTROSTOMY WAS SUCCESSFULLY PERFORMED.

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LECTURE III.

GENTLEMEN,—In the preceding two lectures we considered together the etiology, pathology, and general prognosis of those diseases which lead to obstruction to swallowing, and now we have to discuss the methods at our disposal to save the life of the patient, or to alleviate his suffering. The treatment of stricture of the œsophagus must rest upon an exact appreciation of the pathology of the lesion you have to deal with. When the obstruction arises from the contraction of a cicatrix, or from spasm of the muscular fibres, or from a combination of these causes, then you are justified in attempting dilatation. This may be done in five different ways—(1) by gradual dilatation, (2) by forcible dilatation, (3) by the action of tents, (4) by electrolysis, and (5) by internal œsophagotomy. The object the surgeon has in view is to dilate the stricture, and to maintain the lumen of the gullet. It is only in so far as he succeeds in doing this that his treatment can be recommended. Let us now discuss the relative value of the various methods I have just mentioned, and in so doing we must consider the *rationale* of the treatment. When a cicatricial stenosis exists we have a double object in view, first to dilate the stricture, and second to promote absorption of the inflammatory tissue. The passage of bougies does both when properly used. At one of the demonstrations I showed you in Cases 10, 11, and 12 how to pass bougies, and indicated the difficulties you might experience in different cases, so that now I have only to answer the question, What is dilatation, and how should it be employed? It is a mechanical process of stretching the ring of organised inflammatory connective tissue which surrounds the œsophagus, and which occasions the stenosis, and also a means of promoting absorption of the newly formed tissue.

Now we will take a case, one in which the history points to injury and subsequent constriction of the gullet. The patient has considerable difficulty in swallowing, as for example in Case 12. Begin by passing a large-sized bougie, gradually go down the scale until you succeed in getting an instrument through, then retain it for five, ten, or fifteen minutes, according as the patient can allow. Tell him to return in three days. Suppose on the first occasion you succeed in passing a No. 6, then on the second visit begin with a No. 5, and follow with a No. 6, 7, and 8 if possible. Simply introduce the smaller sizes, but retain for as long a time as possible the largest bougie passed. Then on the third visit begin with an instrument a size smaller than the largest one passed at the second visit, and so on until a No. 15 or 16 can be introduced with ease. In some instances, as in Cases 10 and 12, the pain and spasm induced by the presence of a bougie are so great that the treatment requires to be discontinued, and the œsophagus allowed perfect rest by giving nourishment entirely by the rectum. During the early attempts the passage of an instrument almost always excites coughing, and stimulates the secretion of mucus and saliva, so that the patient experiences considerable difficulty in retaining the instrument. But if the bougie be well softened in warm water and the patient instructed to throw the head forwards without bending the neck, the secretions will flow from the mouth. After a time he becomes accustomed to the use of instruments, and can retain them for a considerable time. To begin with, the operation should be repeated every third day, and gradually as the lumen of the gullet becomes increased the interval may be prolonged. It must be remembered that the introduction of an instrument of any kind is a source of irritation, and, especially if too large a bougie be forced through, it is apt to cause inflammation of the stricture and spasm. Now this is exactly what we must avoid—no force is to be used, there is no hurry. Every case must be treated according to the individual circumstances. In some rapid progress may be made; in others we must be content with but slight improvement from time to time. Indeed, sometimes the same size of instrument may be required from one day to another. You may ask me, How are we to be guided as regards the size and kind of bougie to employ? If you find, after an instrument has been passed with gentle pressure that it is grasped more tightly for some minutes, and to withdraw it is painful to the patient, then you should not attempt any more that day, because it is evident that the bougie is exciting irritation and inducing spasm of the muscular fibres. To pass a larger size would only do harm. Then as to the kind of instrument. Those which I find most useful are gum elastic bougies of uniform size from end to end, and oval on section. Tapered instruments should never be used, as by their employment the operator cannot judge the amount of force he is employing. The same argument holds good against railway or oversliding bougies. I have discussed the subject of gradual dilatation at length, for I consider it to be the safest and easiest method; the one which should be first used and persevered in until you either penetrate the stricture or are convinced that it is impermeable. Before concluding what I have to say on this subject, allow me once more to draw your attention to the fact that force must never be used in the introduction of an instrument through the stenosis. Force in the treatment of this evil, as in that of many others, is no remedy. It is very difficult for me to tell you how much pressure to employ, but one thing you can understand is that the œsophagus may be of a normal size right up to the opening in the stricture, and that the real difficulty is in finding the orifice. The more difficult this is the less should you desire to use force; for instead of penetrating the stricture, the presumption is that you will cause the point of the instrument to perforate the wall of the gullet. It requires not force, but care and patience, to insinuate the bougie through the small orifice, and this can only be done by systematic use of the instrument, and not by groping at hazard on the chance of entering the tiny opening.

It is now my purpose to discuss with you the treatment which should be adopted in individual cases; and I presume that those brought before you during this session afford us sufficient material for consideration. Some of these permitted of palliative treatment only being employed, while in other instances an operation was deemed justifiable. Let us now consider in detail the treatment employed in the seven cases of malignant disease which you have seen. In four cases (5, 6, 8, and 9) palliative treatment only was employed, while in three cases (3, 4, and 7) gastrostomy was performed. Whatever may be done in these cases, two objects are constantly held in view: to give the patient nourishment in the most convenient way and to alleviate pain. Local treatment is of no avail unless in a few exceptional cases. During the early stages of the disease—that it is to say, at a period when the patient is able to take a reasonable amount of food, the diet should be highly nutritive and in no way irritating. The staple articles of diet must be soup, milk, eggs, pounded meat, and farinaceous food. I may now say a word or two as to how these should be prepared. Beef-tea, so-called, and extracts of meat are not so nutritious as is generally believed. At the Royal Infirmary we have a preparation called "composite soup." It is prepared by stewing at a temperature of 200°F. for six hours two pounds of hough meat,[1] one chicken and a knuckle of veal, in two quarts of water without salt. When allowed to stand in a cold place for six hours the fat rises to the surface, and forms a hard cake, while the soup forms a jelly. The fat, if desired, may be removed, and the jelly may be given either cold or heated and taken as soup.

In regard to the use of milk and eggs, the less these are cooked the more easily are they assimilated. If digestion be imperfect, these, as well as other articles of diet, may be artificially digested before they are given to the patient. Patients suffering from stricture find great difficulty in

[1] The joint on the hind leg of an ox, corresponding to the ankle-joint in man.

swallowing ordinary bread, as well as other farinaceous food. When loaf bread is masticated it forms a pulpy mass, on account of the gluten which it contains, and for this reason anyone who has difficulty in swallowing complains first of inability to take soft bread or potatoes. But if the starch be freed from the gluten, as is done in the manufacture of Indian corn flour, before the bread is made, the saliva mixes freely with the starch granules, and the morsel, instead of forming a doughy mass, gradually as it were melts away in the mouth and is easily swallowed, even without the patient taking fluid. Indian corn flour, baked into what is known as "snow cake," is easily swallowed, even in advanced cases of stricture of the gullet. The nurse in the ward prepared these very carefully, and some patients who had been unable to swallow loaf bread for weeks took these cakes eagerly.[2] As long as the patient can swallow easily there is no necessity for passing bougies, unless, of course, for diagnostic purposes. When the stricture becomes so narrow as to require the employment of the feeding-tube, the time has certainly arrived to consider the advisability of performing œsophagotomy or gastrostomy. There are, however, some exceptional cases in which a feeding-tube may be of advantage—namely, those in which together with organic stricture the gullet is narrowed by spasm of the muscular fibres immediately on the introduction of any substance into the passage. In these cases the administration of repeated small doses of cocaine before meals gives considerable relief. But if this treatment proves inefficient the patient must be placed under chloroform and food given by a tube. This mode of feeding can necessarily only be continued for a very short time, but sometimes within a few days the tendency to spasm diminishes and artificial feeding is no longer required. The use of the tube in cases where a fistula has formed between the œsophagus and trachea is of very doubtful benefit. In such instances it is much preferable to employ rectal alimentation, with the food properly digested before introduction.

In malignant stricture, the situation of the obstruction having been determined by passing a bougie and the diagnosis completed, instruments should not be passed for the purpose of dilating. But as soon as the passage of fluid food becomes difficult, then a small, soft, flexible tube should be introduced, if possible through the nose, and retained. For the first few days the patient may complain of discomfort, but very soon both the œsophagus and the stomach come to tolerate the presence of the tube, through which he may be fed regularly. It is, however, advisable to withdraw the tube for twelve hours every third night; that is to say, unless there is considerable difficulty experienced in introducing it. I may say, further, it is not necessary that the tube should be introduced into the stomach; all that is required is that it should pass beyond the stricture. The employment of a feeding tube should always be resorted to before any operative interference is contemplated. Dr. Krishaber has strongly advocated the indefinite retention of these instruments, which, he says, may be tolerated by the patient for a very considerable period. In my experience they cannot be borne when kept in continuously; but, if removed for a few hours at short intervals, they may be of great service. In the profession there is doubtless a strong feeling that the patient runs a considerable risk in the passing of tubes for malignant stricture. It is true that hard gum elastic tubes or bougies, carelessly or forcibly used, may lead to very serious consequences; but if soft instruments be employed, and the surgeon bears in mind that it is his duty not to force a passage, but by patient, careful, and gentle manipulation to guide the tube through the stricture, then little is to be feared. In two private cases of malignant stricture I have employed with a satisfactory result a method first proposed by Dr. James Charters Symonds in 1885.[3] When a tube is passed through the mouth or nares it is liable in some instances to cause pharyngeal or laryngeal irritation, and give the patient much distress from his being required constantly to expectorate saliva or mucus during day and night. But by employing the method which I shall presently describe to you these difficulties are to some extent obviated. In place of passing a long tube a short one is substituted, which keeps only the stricture open, and does not cause general irritation of the canal. The idea is to insert a small funnel-shaped tube into the stricture, and to retain it there as long as possible. The method I employed was to pass an ordinary œsophageal bougie and measure the lumen of the stricture. This being determined, I had a soft vulcanite tube made of a proper size, and so shaped that its upper end could be fitted on to the bougie. The funnel-shaped tube was introduced through the stricture on the point of the bougie, the bougie was then withdrawn, and the little tube was left in the stricture. The lower extremity of the small tube was bulbed slightly, with the object of fixing it in position, and to the rim of the upper or expanded end a number of silk threads were attached, which, joined together, formed a cord, and was brought out through the mouth and fixed to the right ear of the patient. In both cases the stricture was kept open for a considerable time, but in the end it was found impossible to introduce those little tubes, and as no bougies could be passed, and neither of the patients would allow gastrostomy to be performed, the usual result of stricture of the gullet followed.

Rupture of cicatricial strictures by forcible dilatation is a method of treatment proposed by some surgeons who have been tempted by the rapidity and facility of gaining their immediate purpose. The results have been less severe than might be expected, although in some instances serious effects have followed. When relief is afforded it is immediate, but unless bougies be passed at regular intervals its duration is brief. The reason of this is very evident. No sooner has the cicatrix been ruptured than it begins to heal, and within a very short time the stenosis is as firm as before the operation was performed. A method I employed in the treatment of stenosis of the larynx is also applicable to stricture of the œsophagus.[4] When it is found impracticable to relieve the cicatricial stricture by gradual dilatation with bougies, I have attempted to slowly stretch the constricted part by inserting a tent made of tupelo wood. A bougie which can be easily passed through the stricture is taken and divided three inches from its point. Between the two divided parts a tupelo wood dilator—the same size as the bougie, and two inches in length—is inserted, and firmly fixed on a copper wire. On the upper end of the wood, where it joins the bougie, a bulb is made of celluloid; so that we have an instrument, the first three inches of which is gum elastic, the following two inches tupelo wood, the upper end of which is covered by a small ball of celluloid, while the remaining part of the instrument is an ordinary bougie. The patient having had the pharynx sprayed with cocaine, and swallowed a little of it, the instrument is introduced until the celluloid bulb rests upon the upper margin of the stricture. The expansion of the tupelo wood takes place by absorption of fluid through its transverse section only. On this account the increase in the bulk of the tent is slow, and the upper end being embedded in celluloid the dilator ultimately assumes the form of a solid cone, and thereby may be easily extracted. Three hours are sufficient time for the tent to expand to twice its original bulk, when it may be withdrawn, and in the course of four or five days a larger size of dilator may be substituted, and so on until the œsophagus is sufficiently distended. This method of treatment is only applicable to cases not dilatable by bougies in the ordinary way. In two cases I have found it of great value. These two cases were previously treated by electrolysis, at a time when this mode of treatment was being advocated for the relief of stricture of the urethra, with the hope that the electrolytic action might gradually produce a softening of the cicatricial tissue. The idea in using electricity in this way is that the current produces increased activity in the tissues, and causes a rapidity of change towards health; but the precise vital or chemical changes produced in electrolysed tissue are still unknown. However, to give the method a trial, I extemporised an œsophageal electrode.

The way to employ this treatment is as follows:—The negative pole of the battery is connected to the œsophageal electrode, whilst the positive is held in the patient's hand, and in order that the exact strength of the current may be estimated a galvanometer must be introduced into the circuit. At the commencement of the sitting the current employed may be equal to five milliampères, and this should be steadily increased to ten milliampères, if the patient does not complain of pain. Ten minutes' application is as much as should be employed at one time, and it may be repeated every fourth or fifth day. Care must be taken that the current be not reversed during the operation, otherwise considerable pain may be occasioned, or even bleeding from the œsophagus. During the time the bougie electrode is in the

[2] Ingredients: Patent corn flour, 1 lb.; pounded white sugar, ½ lb.; white of six eggs; flavour to taste.

[3] Clinical Society's Transactions, vol. xviii., p. 155.

[4] Glasgow Medical Journal, October, 1888.

œsophagus gentle pressure should be employed, so as to make it traverse the stricture, and as soon as this is done the current may be stopped. My experience of treatment by electrolysis is too small to permit me to confidently express an opinion of its value, but from what I have seen I came to the conclusion that it caused considerable irritation, and probably did more harm than good. So rather than experiment further with patients suffering from œsophageal stenosis, I have been carefully watching the results of the treatment by electrolysis of other more accessible diseases, and as far as I can learn they are not very encouraging.

The last method I will describe to you for relieving the stenosis by an operation from within the gullet is that of internal œsophagotomy. Probably on account of the success which has attended the performance of a similar operation for stricture of the urethra surgeons have been encouraged to divide the obstruction in the gullet by an incision, but the results have been by no means satisfactory. The operation is performed by an œsophagotome, which consists of a gum-elastic bougie, carrying a wire, to the end of which a knife is attached, and by pressing a button, the knife is protruded at will. The curved tube with the knife concealed is passed beyond the stricture, after which the knife is protruded so that it cuts through the stricture on withdrawal of the instrument. In this operation the incision is made from below upwards; in some instances, however, where the œsophagotome could not be passed through the stricture, attempts have been made to divide it from above downwards, but such a procedure is highly dangerous, and should in no instance be practised. The circumstances which call for internal œsophagotomy are very exceptional, and to my mind hardly exist. Although it has been performed for malignant and tubercular diseases, I do not think anyone would, on the chance of gaining temporary relief, submit a patient to the dangers attending the operation. Again, in cicatricial stenosis, internal œsophagotomy can be employed only in cases where a bougie of a good size can still be passed, and therefore in a class of cases in which gradual dilatation with bougies or tents might still be used without risk. When you think of the cases which have been brought under your notice this session, and when I recall those which have come under my observation, I cannot say that I remember a single instance in which I would feel justified in having this operation performed. When the stricture is situated a little above, at, or below the bifurcation of the trachea, the danger of cutting right through the thin œsophagus, and of injuring the trachea and aorta, or of opening into the posterior mediastinum, is very considerable. Of thirty-two cases where this operation was performed which I have inquired into, nineteen were afforded a more or less permanent improvement, nine died from the immediate and four from indirect results of the operation, so giving a mortality of a little over 40 per cent.

Within the last few years another operation has been proposed and practised by Gussenbauer, von Bergmann, and Sands—namely, external œsophagotomy, afterwards dividing the stricture from within, and subsequently allowing the fistula in the neck to heal spontaneously. This operation can only be employed when the stenosis is situated high up; but, on the other hand, when it occupies the lower end of the tube, the stricture has been dilated from below after a preliminary gastrostomy. This operation, said to have been suggested by Schede, has been performed by von Bergmann, Billroth, Studegard, Frittini, Catani, and Loreta, and most of the cases have been successful.

(To be concluded.)

RETRO-PHARYNGEAL ABSCESS IN INFANCY AND ITS TREATMENT.

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RETRO-PHARYNGEAL ABSCESSES were formerly considered to depend invariably on spinal caries. There is no doubt, however, that this was a mistaken view. The majority of cases occur in quite young children, and in them the pus collects in the cellular tissue between the pharynx and the fascia covering the prevertebral muscles; whilst the tubercular abscesses, which depend on spinal caries, are situated beneath the fascia and ligaments, in close contact with the vertebræ. The relative frequency of the two classes of retro-pharyngeal abscess has been pointed out by Bokai, who collected the records of 204 cases which had been observed at the Children's Hospital in Pesth during a period of twenty-six years. Only seven cases in this large total were dependent on spinal caries, whilst as many as 189 were of a purely local nature. Judging by the few recorded cases, from the little that is said on the subject in surgical text-books, from my own personal experience and from that of the medical friends whom I have consulted, I am led to think that retro-pharyngeal abscess is a comparatively rare affection in London. At the North-Eastern Hospital for Children, where the number of out-patients (new cases) in the year has ranged between 13,000 and 15,000, I have only met, during the last five years, with three cases, two of which were under my own care, and one under the care of my colleague Mr. Dean. All three cases were acute, and had no connexion whatever with spinal caries. Although not a common disease, acute retro-pharyngeal abscess of infancy merits a wider recognition than it appears to have obtained, for it not only gives rise to serious symptoms at all times; but it may, by bursting suddenly, especially during sleep, cause death by suffocation, although the condition is one which, if detected, may be completely relieved by a simple enough operation. The following four cases derive additional interest from the manner in which, notwithstanding the small size and the tender age of the patients, they were treated.

My first case was a male child aged seven months, who was admitted to the children's ward at University College Hospital on April 10th, 1890, on account of difficulty in breathing. The child had been ill for seven days, at first apparently owing to a nasal catarrh, but during the three or four days previous to admission it had had a "hard and dry" cough, and had had difficulty in both breathing and swallowing. The child was rather rickety. Respiration was accompanied by a snoring sound, chiefly during inspiration, during which also there was slight recession of the ribs and supra-clavicular regions. The child took its food readily, but deglutition was difficult. The back of the tongue was thickly coated, and there was a quantity of thick mucus in the throat. In the notes of the case it is stated that the left tonsil was so much enlarged and reached across to the left side so much that it was almost impossible to get the finger beyond it. No fluctuation was detected. The glands on the left side of the neck below the angle of the jaw were slightly enlarged, whilst in other parts of the body they were not enlarged. The temperature ranged between 98·2° and 100·4° F. On the day after admission an incision was made into the swelling in the throat and a quantity of pus sponged out. Breathing and swallowing were temporarily relieved, but two days later the child's breathing was very difficult and the swelling in the throat had returned. It was incised again, and a large quantity of pus let out, with great relief to the child; but in the course of two or three days the swelling began to form again, the temperature rose, and the breathing became more difficult. I saw the child a week after its admission, and found that the abscess did not involve the tonsil at all. It was situated behind the pharynx, chiefly on the left side. I determined to open it from the neck, according to the plan recommended by Professor Chiene. A small incision was made along the posterior border of the sterno-mastoid, near its upper end, and carried through all the superficial structures till the muscles in the floor of the posterior triangle were reached. The tissues behind the deep vessels and nerves of the neck were then torn through with blunt instruments sufficiently to admit a finger to such a depth that it could be felt by another finger in the pharynx to be close to the outer border of the abscess. A director was then thrust into the abscess, and as soon as pus was seen escaping, the opening was dilated with a pair of dressing forceps, and a tube was inserted. On the following day the swelling in the throat had almost entirely disappeared. Both breathing and swallowing were easy. The temperature was a little raised for four days in association with a patch of pneumonia. A tube of smaller calibre was inserted on the second day. The tube was gradually shortened and completely removed on the ninth day after the operation. The child was discharged a month after the operation, since which it had no difficulty either in breathing or swallowing.

My second case occurred at the North Eastern Hospital.

The child was a female, aged thirteen months. She was admitted on April 11th, 1891. For the last three months and a half the child had had a discharge from its left ear. Ten weeks ago the lymphatic glands on the left side of the neck, both in front of and behind the sterno-mastoid muscle, began to enlarge. Eight weeks ago a small abscess burst just below the left angle of the lower jaw, and healed up in about a week. During the last month breathing had been noisy, especially during sleep, from which the child frequently awoke gasping for breath. During the last month also deglutition had been difficult. Liquids were often regurgitated at once. On admission to the hospital the child was pale and flabby, and presented slight signs of rickets. The child breathed fairly well. On examining the pharynx, a swelling was seen on the left side extending from the posterior part of the tonsil to rather beyond the middle line. It reached upwards beyond the soft palate, and its lower limit could only just be felt. The swelling was very tense, but elastic. There were no signs of spinal caries. The abscess was opened externally in the manner described in the last case. The cavity of the abscess was scrubbed out with a piece of sponge and drained by a long tube. The symptoms at once subsided. Respiration and deglutition were henceforth normal. The tube was shortened very slowly in order to avoid re-accumulation. The glandular swellings quickly subsided, and the child was quite well three weeks after the operation, and continued so when last seen three months later.

The third case, a female child aged two years and one month, was admitted to the North-Eastern Hospital on Sept. 14th, 1891. The child had been noticed to be "out of sorts" for about a week. Two days before admission the child began to make a peculiar noise during inspiration, got rather blue in the face, and coughed up a quantity of froth. During the day and night before admission the child had repeated fits of choking. On admission, the child was pale, thin, and weak-looking. Its voice was hoarse; respiration was noisy but not difficult when the child was awake, though during sleep it was distinctly laboured, and the child frequently woke up with a start. The glands in the neck about the angle of the jaw were slightly enlarged. There were no signs of spinal caries. The back of the pharynx was found bulged forwards by a swelling, which on the right side reached to the lateral wall and on the left side to about a quarter of an inch from it. The upper limit of the swelling was on a level with the soft palate, when it was dependent, and the lower limit was opposite the top of the larynx. Fluctuation could be detected in the swelling. The abscess was opened through an incision an inch in length along the posterior border of the sterno-mastoid, about an inch below the mastoid process. The dissection was then carried on with blunt instruments behind the deep vessels and nerves until the swelling was reached. A director was then thrust into the abscess and the opening was enlarged with dressing forceps. About an ounce of pus was let out. The cavity was mopped out with 1 in 500 solution of perchloride of mercury, drained, and dressed with sal alembroth gauze and wool. After the operation the symptoms did not improve—in fact, they got gradually worse. The temperature still ranged between the normal and 101°. On the third day after the operation the child began to get rather cyanosed, and had frequent fits of dyspnœa. She was put in a steam-tent and hot fomentations were applied to her neck. I saw the child again on the fourth day after the operation, and found that the swelling at the back of the pharynx was larger than ever. A steel director was passed in through the wound, and about two ounces of pus were let out. The tube was not lying in the abscess cavity. It was replaced. During these manipulations the child was nearly asphyxiated; but when they were completed she fell asleep immediately, and continued sleeping quietly for the next twelve hours, excepting when she was roused up to take food. There was no further difficulty with breathing. The temperature now fell, and in a few days was normal. On the third day after the second operation the retro-pharyngeal swelling had almost subsided and the voice had almost lost its hoarseness. There was an abundant discharge from the tube, which was slowly shortened, and not left out entirely until the twenty-third day. The child was sent home on the following day, and ten days later she was perfectly well.

The fourth case which has come under my notice was under the care of my colleague Mr. Dean, to whom I am indebted for permission to include it in this paper. The patient was a male child aged seventeen months. She was admitted to the North Eastern Hospital on Oct. 13th, 1891. Ten days before admission the child had a "general cold." Three days later its breathing was troublesome at night. The difficulty in breathing got gradually worse, and some difficulty in swallowing also came on. The child when admitted to the hospital was suffering with intense dyspnœa. There was marked recession of the chest and the face was livid. The right side of the neck was rather swollen. The posterior wall of the pharynx was very red and tense, and was pushed so far forwards that it almost blocked the fauces. The swelling, in which distinct fluctuation could be detected, extended upwards to the base of the skull and downwards to the top of the larynx, and laterally, on each side, to the posterior pillars of the fauces. The condition of the patient, owing to the obstruction to the respiration, was extremely urgent. Mr. France, the house surgeon, performed intubation with one of O'Dwyer's tubes (suited to a child between two and three years old) quite readily; but, as soon as he removed his finger, the swelling bagged over the end of the tube and blocked it. Respiration had now ceased, and so Mr. France decided, in my opinion wisely, rather than trust to the chance of being able to re-establish respiration, after opening the abscess in the throat, to perform tracheotomy at once. This he did, and, after stimulation and artificial respiration, the child came round and went to sleep, breathing easily through a Parker's tube. It was now about 11.30 A.M. Mr. Dean saw the patient shortly afterwards, and decided not to open the abscess until the child had recovered somewhat from its exhausted state. At 9 P.M. Mr. Dean made an incision three-quarters of an inch in length along the posterior border of the sterno-mastoid muscle and an inch below the mastoid process, and after dividing the fascia beneath the muscle, the pus was quickly reached, and two ounces were evacuated. The abscess cavity was explored with the finger, but no signs of cervical caries were found. The cavity was washed out with 1 in 2000 solution of perchloride of mercury, drained with a large tube, and dressed with boracic fomentations. For two nights and days the child remained in a very restless and exhausted state, but after that time it began to improve. The temperature, which had reached 102·2° F., did not fall to the normal till the fourth day, and the tracheotomy tube could not be left out permanently till the sixth day after the operation. On the twenty-second day the tracheotomy wound had closed, and the tube was left out of the abscess cavity. The child was discharged well three days later.

All the four cases above recorded recovered completely, the abscess cavity closing up quickly. The abscess in each had clearly no relation to spinal caries; it was evidently an entirely local affection. In none of them was the tonsil the seat of the abscess, and, in fact, so far as my observation goes, tonsillar abscess is very rare, if it occurs at all, in such young children as were those whose cases have just been narrated. Two views have been advanced to explain the origin of these acute retro-pharyngeal abscesses which occur in young children. One is that they depend on an acute phlegmonous inflammation induced in a similar manner to acute abscesses elsewhere; and the other is that they are dependent on an adenitis which is secondary to inflammation of one of the neighbouring mucous surfaces. In connexion with the latter view we have an important observation by Dr. Edmund Simon,[1] who describes the lymphatics of the retro-pharyngeal region as forming networks on each side, which terminate in glands located one on each side of the median line between the pharynx and the aponeurosis of the prevertebral muscles. He further states that the glands disappear altogether after the third year of life. In striking agreement with this observation is the fact that the majority of acute retro-pharyngeal abscesses occur in quite young children. The ages of the four cases recorded above were seven months, thirteen months, twenty-five months, and seventeen months. The great majority of Bokai's cases occurred in children under two years of age, and 196 out of his 204 cases occurred under three years. Henoch[2] says that almost all his cases occurred in children still in their first year or little beyond it. In equal agree-

[1] Schmidt's Jahrb., Band. cvii., p. 161, quoted by Blackader in a valuable paper published in the Archives of Pediatrics, vol. vi., p. 80.
[2] Lectures on Children's Diseases, Sydenham Society's Translation, vol. i., p. 146.

ment with Simon's observation is the fact that the abscess is usually unilaterally placed. This was so in my three cases. The primary inflammation from which the glands are infected may involve the pharynx, the posterior part of the nasal fossæ, the fauces, or the tympanum. In two of the cases above recorded the first sign of illness was a nasal catarrh, and in one an otitis on the same side of the body as the retro-pharyngeal abscess was situated. The disease may come on either very acutely or somewhat insidiously. If the abscess is situated behind the upper part of the pharynx, deglutition will be chiefly embarrassed; but if it be situated lower down, respiration will be also impeded. The difficulty in breathing is especially noticeable during sleep, when, too, it may be accompanied by snoring. The voice, as in one of my cases, may be hoarse, owing to associated laryngeal catarrh. The lymphatic glands on one or both sides of the neck are generally swollen. These symptoms are sufficiently suggestive to lead to an examination of the throat, when if there is a retro-pharyngeal abscess a soft and fluctuating swelling, situated usually rather to one side of the middle line, and bulging the posterior wall of the pharynx forwards, may be felt.

As soon as a retro-pharyngeal abscess is diagnosed steps should be taken to open it, lest urgent dyspnœa come on (as happened in one of the cases recorded in this paper), or in case the abscess burst when the child is asleep or when assistance is not at hand, and the matter be sucked into the larynx and cause suffocation. There are two possible methods of opening the abscess. It may be opened by an incision through the pharyngeal wall or by an external incision in the neck. The first plan is no doubt the most enticing, owing to the ease with which it can be carried out, but it is not free from objection. The abscess cavity cannot be drained with a tube when the opening is into the pharynx, and consequently the incision may close too soon and the pus may reaccumulate. This occurred in my first case; and, indeed, it was this repeated reaccumulation which led me to dissect down from the outside, after the plan recommended by Professor Chiene, notwithstanding the small size and tender age of the patient. Again, proper antiseptic treatment is impossible when the abscess has been opened in the pharynx. If, however, this plan is adopted, the child should be put under the influence of chloroform, the mouth should be gagged open, and the head should hang rather over the end of the table. The abscess should then be opened by a longitudinal incision reaching the entire length of the swelling, and the pus should be rapidly sponged away, so as to prevent any of it finding its way into the larynx.

Professor Chiene's plan of opening chronic retro-pharyngeal abscesses dependent on spinal caries is well known; but I am not aware that it has been adopted for the acute abscesses occurring in infancy, unless the pus was pointing externally. There is, however, no difficulty in performing the operation even when the abscess is small and confined to the retro-pharyngeal tissue, and when the patient is quite a young child. In my first case the abscess was not only strictly retro-pharyngeal, but it had been partially drained into the pharynx, and the child was only seven months old. The operation was done as follows in all the cases. An incision, about an inch in length, and about an inch below the mastoid process, was made along the posterior border of the sterno-mastoid. After the fascia covering the muscles in the floor of the posterior triangle was exposed, a cautious dissection with blunt instruments was made behind the deep vessels and nerves of the neck until one finger placed in the wound almost met another placed in the pharynx. A director, guided by the finger in the pharynx, was then thrust into the abscess, and the opening enlarged by passing a pair of dressing forceps into it and forcibly separating the blades. A drainage-tube should be inserted, and care should be taken that it does not slip out of the abscess cavity, as happened in one of my cases, and give rise to re-accumulation of pus.

Harley-street, W.

THE SMALL-POX AT BATLEY.—The Batley Corporation have now arranged to make considerable addition to the isolation hospital near Howden Clough, the alterations being mainly for convalescent purposes.

ACUTE CATARRH OF THE LARYNX.

BY GORDON HOLMES, M.D.,

PHYSICIAN TO THE MUNICIPAL THROAT AND EAR INFIRMARY, LONDON CONSULTING PHYSICIAN TO THE SHEFFIELD EAR AND THROAT HOSPITAL.

(*Concluded from page 305.*)

Pathological anatomy &c.—In addition to the objective appearances revealed laryngoscopically, the closer inspection to be obtained in the post-mortem room allows the recognition of other changes in the laryngeal mucous membrane. Thus the usual proliferation and shedding of epithelium consequent on inflammation of mucous tissue can be accurately studied. Catarrhal erosions may thus be seen in patches where the epithelium falling away has laid bare the basement membrane. Such erosions may even occur on the free edges of the vocal bands, marring the even outline of the parts, so as to be visible during life with the laryngoscope. According to Krishaber,[1] other ulcers, which he calls "glandular erosions," not larger than a pins' head, may also be present, surrounding the orifices of the mucous follicles. Tumefaction of these mucous glands is also generally present, and when the tissues are put on the stretch by manipulation their openings give exit to a purulent secretion. Distension and rupture of minute veins, producing numerous ecchymosed points, are also commonly to be noted. In some cases the redness of the larynx observed ocularly during life is found to have almost disappeared after death, a phenomenon which is explained, though insufficiently, by cadaveric retraction of the elastic fibres which form so large a part of the mucoid derma. Microscopic examination of the expectorated matters shows the presence of all the elements of epithelial disintegration just spoken of, together with both white and red blood-corpuscles, even when no sanguineous tinge is visible to the naked eye. When the disease is at its height a great part of the mucous discharge consists of pus cells. The source of the pus in inflammation of this kind is still a question of some obscurity. According to Eberth[2] and others it consists of altered cells of cylindrical epithelium; in proof of which they point to their being frequently observed to retain indefinitely the vibratile cilia. Rindfleisch,[3] again, is still inclined to regard the pus cells as for the most part connective-tissue corpuscles, emanating from the body of the mucous membrane, which proliferate and make their way to the surface by the amœboid movements so characteristic of young cells. It seems simpler, however, to accept the well-known doctrine of Cohnheim, who sees in catarrhal pus merely the exudative white blood-corpuscles. As regards the pellets of mucus often brought up, they, as Krishaber[4] suggests, most probably indicate that the catarrh affects the interior of the laryngeal ventricles, where the discharge collects until it attains a certain consistence and volume, and is then extruded by some act of coughing or deglutition.

We have now to consider the suffocative attacks which are often so striking a feature when the affection occurs in children. Here the explanatory statements, which so far have been made, are entirely conjectural. Thus, Niemeyer,[5] after reviewing the circumstances of the accessions, remarks that "it would be natural to admit that a viscid secretion accumulating in the glottis dries there, probably agglutinates the edges of the vocal bands, and thus gives rise to the attacks of dyspnœa." Mackenzie[6] also adopts this view, though without referring to Niemeyer as its prior exponent. Krishaber,[7] again, seeks the cause in "the very slight development of the cartilaginous glottis in children," which renders the glottic chink very narrow. Hence the inflammatory stenosis, though of comparatively minor degree, is able to occasion such urgent symptoms, when aided by "the relaxation of respiratory action which occurs during sleep." Neither of these hypotheses seems to me to take us very far on the path of elucidation, and the

[1] Dict. des Sciences Méd., 1868, art. Larynx.
[2] Zur Enstehung der Schleimkörper, Virchow's Archiv, Bd. xxi., 1861, S. 106. See also Cornil and Hérard, La Phthisie, Paris, 1864, p. 88.
[3] Lehrb. der Path. Gewebelehre, Leipzig, 1886, p. 109 et seq.
[4] Op. cit.
[5] Lehrb. der Spec. Pathol. und Therapie, Berlin, 1858, p. 7.
[6] Diseases of the Throat, 1880, p. 267.
[7] Op. cit., p. 601.

more closely they are considered the more unsatisfactory do they become. Why, let us ask, should mucus become so readily inspissated in this malady, which often runs its course without any obvious increase of such discharge, and not in those affections where mucus accumulating near the glottis is a constant feature? If the expectoration tended to block the breath-way, would not, as in these other cases, an expulsive effort be immediately excited, and the passage be cleared without the production of any urgent symptom whatever? Again, can anyone believe in this swelling of the glottis, which becomes so potent an agent for harm during sleep, but in waking moments often does not betray its presence by any physical sign? And is it likely in any case that sleep would be prolonged until the patient had become nearly asphyxiated from obstruction of the glottis? Is not, in fact, respiration as active and as compulsory during sleep as at any other time, when regard is paid to the quiescent state of the body? Is it not better, then, to put aside such recondite theories in favour of some simpler explanation based on the commonly recognised peculiarities of the nervo-muscular apparatus of the larynx? Thus the laryngeal muscles have the "trick," as we may call it, of succumbing to paresis, paralysis, and spasm of a temporary, even momentary, character not paralleled in any other part of the body. Hence even in adult males we may see phonation at one instant impossible, and at the next perfectly re-established on the application of the slightest stimulus to the vocal region. In adults, spasm of the glottis is also commonly excited by any trifling irritation of the laryngeal vestibule &c. Chronic cases of such spasm, occurring on awakening towards morning, are also tolerably frequent, and I have met with several instances in men of mature age who were in other respects apparently sound and healthy. With such data, combined with the well-known proclivity of children of tender years to suffer from reflex spasm, and the more delicate sensibility of the laryngeal mucous membrane among other internal parts, have we not sufficient grounds to attribute the phenomena we are treating of to a passing neurosis of the muscles of the larynx—chiefly, or perhaps entirely, a spasm of the constrictors of the glottis? Possibly even the peculiar vulnerability, firmly believed in by some authorities, of the abductors of the vocal bands produces an abeyance of their function, which facilitates the occurrence of glottic stenosis from any concomitant cause. I have, indeed, already reported two instances of abductor paralysis[8] in which the malady appeared as the sequence of acute catarrh of the larynx. Both Ziemssen[9] and Gerhardt[10] also attach great weight to disturbances of innervation as explaining the phenomena of this malady, over and above the mechanical interferences with function arising from mere alterations of form and substance. Hence alterations of tension, consonant action, &c., of the vocal musculi may modify both voice and respiration.

Diagnosis.—Acute catarrh of the larynx is easily recognised, either from the patient's description of his sensations or from inspection with the laryngeal mirror. The very limited extent to which cough and expectoration are present serves to distinguish it from ordinary catarrhs of the trachea and bronchi—the absence of chest symptoms from the graver inflammations affecting the lungs. The general mildness of the phenomena, both local and constitutional, will not allow it to be mistaken for any serious laryngeal disease, such as œdema or diphtheria. In childhood the practitioner is little likely to confound it with genuine croup on account of the suddenness of the accession of dyspnœa and its evanescent character. Nor is he likely to be misled by the so-called "croupy" cough, which with its resonant ringing timbre is, in fact, the very opposite to the stifled cough which proceeds from the larynx when all its parts are muffled by the exudative membrane. At a later stage of laryngeal diphtheria, when convalescence begins, it may be noted that there is some similarity of cough tone between the two maladies, so that, as Trousseau[11] remarks, it may be said that "false croup begins where true croup ends." With respect to laryngismus stridulus an error is not likely to occur, as the spasmodic attacks are usually much less urgent, and the malady has generally been persistent for some time before medical aid is appealed to. The peculiar crowing inspiration, as part of a general convulsive tendency, has also a much more signal character than that which is observed in the merely catarrhal affection. There is one occurrence, however, peculiar to early life which may create difficulty in diagnosis—viz., the sudden presence nocturnally of a foreign body in the glottis. In children a very urgent, and even fatal, dyspnœa may arise from this cause in the middle of the night, as it is not uncommon for them to go to sleep whilst affectionately preserving some small toy in the mouth. If the article slips down the throat it is very likely to enter the glottis, producing a sudden obstruction to respiration. Such dyspnœa does not pass off like that attendant on the catarrhal lesion, and the observer who is alive to the possibility of such an accident will soon fathom the truth.

Prognosis.—In uncomplicated cases in adults no danger whatever to life is to be apprehended from this malady, which is essentially a laryngitis of minor intensity and short duration. It is never the primary cause of death, and a fatal result can only occur as the consequence of one of those other maladies, general or of the respiratory tract, with which it is sometimes associated. It is not likely to pass into œdema of the larynx, though in persons of a certain constitution it may seem to do so, having really been œdematous from the first. In children the prospects are almost as favourable, but it must not be forgotten that some deaths have been attributed to this disease by practitioners not likely to have been mistaken—notably by Millar,[12] Trousseau,[13] Vieusseux, Wichmann, and Lobstein.[14] Nevertheless Guersant[15] and Bretonneau,[16] although attending specially to diseases of children, never met with one. It may be concluded, indeed, that unless the patient is debilitated by dyscrasia or previous illness recovery is as certain as in adults. In all laryngeal affections the prognosis must be considered with reference to function, as well as to life or health, and especially when we have to deal with patients whose voice constitutes their professional armamentarium. In this department our anticipations cannot be quite so favourable, for we can never tell what persistent weakness of muscle or membrane may follow an attack of acute laryngeal catarrh, the more so as excessive vocal efforts may be the exciting or a predisposing cause of the disease. In such instances the first manifestation may be the forerunner of many similar ones, recurring periodically; while in the intervals a state of chronic catarrh, more or less pronounced, is the rule and not the exception. The practitioner, therefore, can never promise a complete regain of vocal power to patients of this class, although such a result may be hoped for when the attack is clearly of fortuitous origin.

Treatment.—In mild cases in adults the use of steam inhalations, medicated or simple, together with ordinary dietetic and hygienic precautions, persevered in for a few days, will be all that is required to promote a cure. Absolute confinement to the house is not even necessary if the weather be fine and not too cold; but if the patient ventures out a respirator of some kind had better be worn, unless he can be trusted to breathe only through the nose. In the more intense cases the patient must keep to one room, or even to bed, whilst warm poultices or a wet compress are applied to the front of the neck. Mackenzie[17] refers with approval to a German custom of setting the patient to eat salt (red) herrings, the saline constituents of which may doubtless have some curative potency. At the same time restriction to a light diet, chiefly composed of nutrient fluids, and slight purging will materially assist the occurrence of resolution. In the earlier stages sucking ice may also be recommended with advantage. When the active symptoms have passed off the complete restoration of the larynx to a normal condition can be best obtained by the direct applications of astringent solutions with a laryngeal brush. Perchloride of iron (forty grains to the ounce) and chloride of zinc (thirty grains to the ounce) are best adapted for the purpose. When there is hæmorrhage from the larynx the quantity is usually so small that no especial measures are demanded; the discharge, in fact, if allowed to continue is most likely to be beneficial. In those rare instances in which it is considerable and persistent the solution of iron, doubled in strength if necessary, can be applied. In

[8] THE LANCET, vol. ii. 1887.
[9] Cyclopædia of Medicine, vol. iv. [10] Op. cit., 1878, p. 322.
[11] Clinique Méd. de l'Hôtel Dieu, 1866, vol. i., p. 520.
[12] Observations on Asthma and Whooping-cough. London, 1769.
[13] Op. cit., p. 523. The patient had even attained his fourteenth year.
[14] The latter three mentioned by Krishaber (op. cit.) without detail or reference. [15] Op. cit.
[16] Des Inflammations Spéciales du Tissu Muqueux. Paris, 1826.
[17] Diseases of the Throat and Nose, vol. i., p. 271, 1880.

those examples where the patient is liable to periodical attacks I have been most successful when commencing the treatment with a local application of silver nitrate (from forty to sixty grains to the ounce) combined with the use of the wet compress. In all instances the patient should be enjoined to rest the larynx by refraining as much as possible from coughing or speaking. In children somewhat different measures must be adopted, and even slight cases should be confined to one room and be carefully watched. At the outset an emetic of ipecacuanha and a mild aperient had best be administered. Warm poultices, and perhaps sinapisms, should be applied to the front of the neck and chest, especially during the night. It is also advisable to keep the air of the apartment moist by the use of one or more steam-kettles. An accession of dyspnœa is best combated by fomenting the front of the neck and chest with a large, soft sponge wrung out of warm water. It should be passed with active pressure from side to side, and when cooled redipped in the water. The application of blistering fluid, though commonly resorted to in such cases, had better be avoided. Its action is neither immediate nor far reaching; whilst by making the parts sore it hampers or precludes the after or simultaneous use of more effective measures. Should the dyspnœa be sufficiently urgent tracheotomy must be performed without delay, and though there is, perhaps, no recorded instance[18] of its having been resorted to in an uncomplicated case of the kind, the few fatal examples published indicate that had it been put in practice the number might have been even less.

Finsbury-square, E.C.

RECURRENT APPENDICITIS, WITH REPORT OF CASE TREATED BY REMOVAL OF APPENDIX.

By MAYO ROBSON, F.R.C.S.,

PROFESSOR OF SURGERY IN THE YORKSHIRE COLLEGE, AND HON. SURGEON TO THE LEEDS GENERAL INFIRMARY.

ALTHOUGH the word "appendicitis" has been objected to by several English writers of authority, "inflammation of the vermiform appendix" seems to be the proper term under which to discuss the form of peritonitis which so frequently occurs in the region of the cæcum, and more extended experience, clinical, operative, and post mortem, leads one to see that the course of the trouble is nearly always in the appendix. The names "typhlitis," "perityphlitis," "paratyphlitis," and "appendicitis," so far as treatment is concerned, may all be considered as forms of peritonitis occurring in the region of the caput coli; and although some of the cases may be due to stercoral or other forms of ulceration in the cæcum, by far the greater number have their origin in the vermiform appendix. Undoubtedly many of the milder forms of appendicitis resolve under medical treatment; and even when pus has formed, in quite a number of cases it makes its way to the surface and bursts through the abdominal wall, or is evacuated by other channels; but as one can never say that it may not burst into the peritoneal cavity, and as Dr. Bull has shown that in 12 per cent. of the cases in which suppuration has occurred this accident does happen, it is easily understood how those who realise the dangers of the disease should advocate early surgical interference. A convenient method of classification of pericæcal inflammations is that proposed by Prof. With of Copenhagen, who describes: (1) An adhesive local peritonitis, caused by ulceration in the appendix and clearing up without suppuration; (2) a local peritonitis, ending in abscess; and (3) diffuse peritonitis, either caused by perforation of the appendix before adhesions have formed, or by secondary rupture of the well-developed abscess. To make the classification complete, to these would have to be added a fourth form, relapsing typhlitis, described by Mr. F. Treves, of which the case here related is an example. But it seems to me that instead of making these four divisions two will suffice: (1) Appendicitis without suppuration, dependent on ulceration or catarrh, and producing local peritonitis, which has a tendency to resolution, but which is also liable to recur; and (2) perforating appendicitis, ending in suppuration and producing either a local abscess or diffuse peritonitis. This, I believe, is a similar classification to that proposed by Dr. Bull, but I think he does not include the recurrent form in his first division.

The following case, diagnosed as relapsing appendicitis and sent to me by Dr. Griffith for operation, is a good illustration of its class. He has been kind enough to include the history in the following letter:—

"DEAR MR. ROBSON,—I am sorry to find that I have mislaid the notes of Miss F——, the case of appendicitis in which you operated last January. She was under my observation about twelve months. When I saw her first she had the ordinary symptoms of what is usually called perityphlitis—viz., rise of temperature, constipation, pain in the right iliac region with great tenderness on pressure, and on careful palpation one could make out a mass of considerable size in this position. The attack passed through an ordinary course, and the swelling slowly disappeared, though I could never satisfy myself that it disappeared entirely. From the time of this attack until you operated on her she had had about six or seven attacks, some severe, others milder, but all attended with rise of temperature and tenderness. The first attack she had was said to follow on a strain, and she says she had some six or eight attacks prior to my seeing her the first time. As the attacks were getting milder, I did not at once urge operation; but the frequent repetition of attacks, each of which was attended with some danger, led me to suggest that something should be done. Since the operation in January she has been constantly under my observation. 1. She has not had any recurrence of inflammation. 2. She has had some uneasiness about the part; but this seems to be due to some bulging of the cicatrix. 3. The pain in the head she now has is an old symptom, and quite unconnected in my mind with the abdominal condition.—I am, yours very truly,

"T. WARDROP GRIFFITH."

For the following notes of the case I have to thank my late house surgeon, Mr. B. Hall:—"On admission of M. F——, aged twenty, on Jan. 8th, 1891, there was marked rigidity of the abdominal muscles on the right side, especially over the iliac fossa. By distracting the attention of the patient they might be made to relax to a slight degree, when a hard resistent, ill-defined swelling, giving the impression of fulness and thickening rather than of a tumour, could be felt on palpation over the cæcum. As soon as the swelling was touched the muscles became immediately rigid again, and some slight pain was experienced. McBurney's symptom was present. Rectal examination gave no information. The bowels were constipated, but the temperature was normal, and otherwise she felt tolerably well, as she usually was between the attacks. On Jan. 19th, after the bowels had been cleared by an aperient and the abdominal wall aespticised, the A.C.E. anæsthetic was administered, and an incision of four inches was made vertically over the cæcum. On opening the peritoneum, the omentum, cæcum, vermiform appendix, and adjoining coils of intestine were found to be matted together, but the adhesions were separated by digital manipulation without much difficulty. The vermiform appendix, which was very much thickened, was found on the inner side of the cæcum. It was without much difficulty separated from its adhesions, when it was discovered that there was a constriction about a quarter of an inch from the cæcum, and that beyond this the tube was dilated and contained fluid, which was afterwards found to be muco-purulent. The appendix had a distinct mesentery, and through this, opposite the point of constriction, a needle armed with a thin silk ligature was passed. This was tightened, and the appendix beyond was cut away, leaving a portion of its mesentery, which was sutured over the cut stump, after the redundant mucous membrane had been removed and the cut surface had been purified by a 1 in 500 solution of perchloride of mercury. No drainage-tube was found necessary. The abdomen was then closed by three layers of sutures, peritoneum to peritoneum, aponeurosis to aponeurosis, and skin to skin. The patient had neither pain nor abnormal temperature after the operation, and made an uninterrupted recovery. The bowels acted on the sixth day, the sutures were removed on the eighth, and the patient returned to her home on Feb. 21st. When last seen, in October, she had had no return of the attacks, and the region of the cæcum was entirely free from any trace of the former tumour; but, through her not having worn

[18] See however, Dumontpallier's case, reported by Trousseau, op. cit., p. 523.

any support after leaving the hospital, the cicatrix had given way at one point and a small hernia had developed, which, however, could be easily retained by a pad and belt."

In such cases there are clearly three courses of treatment open. 1st. Non-operative, trusting to rest, opium, and diet to bring about resolution, in the hope that the existing attack may be the last. 2nd. Operation between the attacks, as suggested and first performed by Mr. F. Treves. 3rd. Operation on the second or third day of a seizure, as advised by Dr. F. S. Dennis, who discourages the removal of the appendix between the attacks, arguing that in the great majority of cases the disease does not recur, and that should it do so, removal at an early stage of the attack is both safe and efficient. Before deciding on any definite line of treatment, the mortality of operative measures must be weighed against the dangers of delay. In this case the attacks had recurred so frequently that little hope could be held out to the patient of cure without operation, and, as the removed appendix shows, the seizures would in all probability have been repeated either until an abscess had formed or until perforation had occurred. In discussing a comparatively new operation, statistical evidence is often wanting; but so far as I am able to ascertain, close on thirty operations have been performed for the removal of the appendix during the quiescent stage of chronic relapsing appendicitis, and out of this number only one patient has died.

I question whether the statistics of expectant treatment would yield nearly so excellent a result. The nearest approach to a statistical estimate is a report by Fitz, who estimated the mortality of perityphlitis medically treated at 11 per cent. Laparotomy in the early stage of acute attacks would, I feel sure, show a much larger mortality than operations undertaken when the disease is quiescent. A point of interest in the case related was the marked tenderness on pressure about two inches internal to the right anterior superior spine of the ilium, which was pointed out as an almost positive sign of appendicitis by Dr. McBurney, and which observation I can confirm by having found it universally present in all the cases of appendicitis which I have seen. It would be interesting to discuss the question of operative treatment in the forms of appendicitis ending in abscess or in general peritonitis, in which cases I am distinctly of opinion that early operation is called for, but this is beyond the scope of the present paper.

Leeds.

THE MECHANISM OF DELIVERY OF THE FŒTAL HEAD IN VERTEX PRESENTATIONS; ALSO THE PERINEUM IN LABOUR AND ITS MANAGEMENT.

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(*Concluded from page 309.*)

Extension.—Having rotated into the conjugate diameter of the bony outlet, the head in occipito-anterior presentations is described as being born by a movement of extension. Thus, it is said,[1] "flexion continues until the occiput engages between the pubic rami. When the anterior bony wall is no longer encountered, the surface of the child's head glides forwards upon the perineum as upon an inclined plane, and describes a circle beneath the pubic arch, of which the suboccipito-bregmatic[2] diameter forms the radius. The extension of the head, which is an essential feature of the foregoing movement, is the resultant of two forces, derived, first from the uterus, and secondly from the pelvic floor. The uterine action is transmitted in the axis of the superior strait. With the occiput fixed beneath the pubic arch, and the neck resting against the inner surface of the pubes, the propulsive force is expended upon the frontal extremity of the head, and this causes the separation of the chin from the thorax."

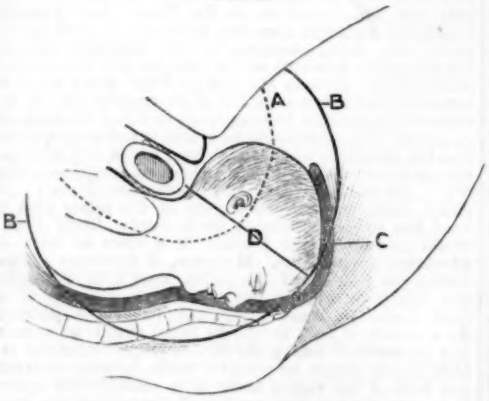
Let us examine these statements critically. "Flexion continues until the occiput engages between the pubic rami." This admits of being fairly tested with the fœtal skull on the dry pelvis. On passing the skull in an attitude of flexion through the pelvis, it will be found that as the tip of the occiput emerges from beneath the pubic arch, the anterior fontanelle is against the extremity of the coccyx, a result which would naturally be expected, seeing that the conjugate at the outlet measures only 3¾ in. At this point, then, extension is quite out of the question. On continuing to put the head through the pelvis, it will be found that the chin cannot be made to sweep the coccyx by extension until the occiput has escaped beyond the inferior curved line, and is resting against the pubic arch, just above the foramen magnum. Now, if it be true of the dry specimen, not merely that extension cannot occur as soon as the occiput engages the pubic rami, but that it cannot take place until the greater part of the head has passed through the outlet, it must be still more true in the case of the living body, where not only are the diameters of the fœtal skull somewhat larger, but the pelvic diameters rather smaller, owing to the pubic arch being occupied by the subpubic ligament, the triangular ligament of the urethra, and the vestibule, which would prevent the occiput from being so closely applied to the pubes as in the above experiment. It is of manifest importance, looking to the fact that the conjugate at the outlet measures only three inches and three-quarters, that the diameters of the fœtal head which will engage at the outlet should be kept as short as possible—a result which can only be attained by preserving flexion. The outlet being the narrowest part of the pelvis that the head has to pass through, it is hardly likely that it would accomplish the journey in a state of such disadvantage as extension. Moreover, if extension occurred during the passage of the outlet, soon after the occiput had begun to engage the pubic arch, the top of the head ought to come down and bulge the perineum. As a matter of fact, it will be found that if an examination be made at this point the anterior fontanelle is so high that it cannot be reached, while between the vertex and back of the vagina there is a considerable interval. It is only when a good portion of the occiput has passed through the pubic rami that enough of the head has got on to the perineum to distend it, evidence which points to the head being still in a state of flexion.

While I do not believe that flexion is undone at the bony outlet, I am far from believing that delivery through the vulva is effected by extension. In the quotation which I have inserted above, it will be noted that extension at the vulva is said to be the resultant of two forces—viz., the uterus and the pelvic floor. It is claimed by the advocates of this theory that the occiput having become fixed beneath the pubic arch, "the propulsive force is expended upon the frontal extremity of the head, and this causes separation of the chin from the thorax." This statement supposes the uterus to be capable of influencing directly the movements of the fœtal head so far away as at the vulva. But what are the conditions which actually obtain? So long as the head is contained within the bag of membranes, or has not passed through the cervix, its movements are capable of being influenced either by the pressure of the amniotic fluid or by the direct action of the uterine wall. The head once through the cervix, the uterus by its contractions not only squeezes the fœtus through the pelvis and out of itself, but in so doing adapts itself by retraction upwards to the portion of fœtus still remaining in it, until at the time that the head is being born, it forms a cap over the breech or upper pole. It is evident that under the gradually changing relations of fœtus and uterus the latter becomes in the end reduced to a merely driving force. No doubt the force which the uterus applies to the upper pole is transmitted along the trunk; but it is equally certain that the intensity of this force must die away as the head is approached, and when it reaches the latter be comparatively feeble. We may take it that the force is transmitted along the vertebral column to the head, which it reaches by passing through the occipital condyles. Extension of the head means that the extending force must act on the chin, or, in other words, that the uterus must possess the power of voluntarily changing the direction along which the pressure that it applies to the child is transmitted. It is difficult to see how mere arrest of the occiput at the pubic arch is going to secure this desirable end. Bearing in mind, also, the fact that at the time the head is coming through the

[1] Lusk, pp. 175, 176.
[2] I presume suboccipito-frontal is intended, and not bregmatic.

vulva the cavity of the pelvis is filled with the thorax and arms of the fœtus, it would be interesting to note the path by which the propulsive force of the uterus picks its way through, and, safely alighting on the chin, tilts it up. There is still another objection to birth by extension. It is the danger with which such a process would be fraught to the mother. After the head has escaped from the bony outlet the perineum becomes stretched and distended in such a manner that the vulva, from looking downwards and very slightly forwards, is carried almost directly forwards. Now, supposing the occiput to have become fixed at the pubic arch and the head to be born by extension, it is evident that in so doing it would describe an arc lying in a plane which would cut the plane of the perineum about its middle at an acute angle, and would thereby execute a movement eminently suitable for splitting the perineum—a

FIG. 2.



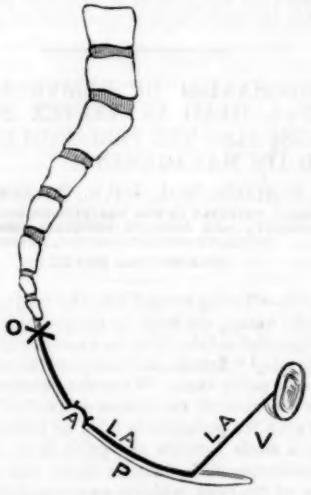
The head passing the vulva. A, The axis of the pelvis. B, The arc which the head would describe in executing the movement of extension. C, The perineum. D, The occipito-frontal diameter, or radius of rotation.

result which, considering that labour is a physiological phenomenon, nature would probably take means to avoid if possible.

I have now stated my own objections against the belief that the head is born by extension. I will next point out that although extension is constantly described in theory as occurring at the outlet, obstetricians have in practice been most assiduous in devising methods to prevent it. For this purpose I quote the following "methods," which have been advocated for the "support" of the perineum:—1. "The thumb is applied anteriorly to the occiput, and the index and middle fingers posteriorly to that portion of the head which lies nearest to the commissure, and pressure is exercised in the direction of the vagina" (Hohl). 2. "Pressure is made on the forehead and face with the tips of the fingers on the perineum behind the anus, close to the extremity of the coccyx" (Ritgen). 3. "Pass two fingers into the rectum, and press the face upwards and forwards" (Ahlfeld). 4. "Seize the head between the index and middle fingers of the right hand applied to the occiput, and thrust the thumb as far as possible into the rectum" (Fasbender). 5. "The physician, standing to the right of the patient, with his face towards the foot of the bed, should pass the left hand between her thighs and press the head upwards and inwards during each pain with the thumb and two fingers, as previously described (i.e., Hohl's method). At the same time the movement of extension, should it threaten danger to the parts, should be hindered by pressing backward upon the frontal region through the perineum with the disengaged hand" (Lusk). Clearly the principle on which each one of these methods is based is maintenance of flexion during the passage of the vulva. Indeed, Dr. Lusk goes so far as to be alarmed lest the movement of extension prove a positive danger to the mother. Either, then, art has devised a better plan for the delivery of the fœtal head than that followed by nature, or else while imagining that we have been improving on nature we have, after all, only been following her. The idea that the head is born by a movement of extension rests upon the belief that the occiput becomes fixed under the pubic arch. I have never been able to verify this statement. On the contrary, I have found that the occiput is constantly progressive, and that just in proportion as it emerges from beneath the pubic arch so do more and more of the forehead and face come into view. In other words, the whole head rotates round the symphysis pubis in a flexed position, so that by the time the chin is born the occiput and nape of the neck are projecting beyond the vulva. The perineum forms a sliding floor, by which the curved axis of the pelvis is continued onwards and the outlet of the vagina carried forwards. Owing to these conditions the occiput has only to revolve round the symphysis pubis, while the forehead and face travel along the wide sweep presented by the concavity of the perineum—a movement which might easily be (and I believe has been) mistaken for extension. Moreover, it will be found that as the head is coming through the vulva the lower margin of the vestibule, and other soft structures filling in the pubic arch, form a strong, sharply defined band over the back of the occiput, and constitute the natural means for pressing the occiput down and preventing it from being tilted up towards the pubes.

The perineum.—The management of the perineum during the transit of the head into the world has been, and still is, a much debated question. I have already quoted five methods which have been advocated for the purpose, and might quote a good many more, but forbear. Of the five methods detailed, the interesting point which I have alluded to is that the principle of one and all of them consists in the maintenance of flexion of the head. Holding the view that flexion is the normal position for the head to be delivered in, I freely admit that the principle is an important one. On the other hand, while stating what attention should be paid to the head, none of these methods take any direct account of the perineum itself. But is the perineum deserving of such consideration? I venture to think that a study of the relations of the perineum will repay the inquirer, and while throwing light upon its action in labour, will also afford the key to its rational treatment. Until the head

FIG. 3.



The perineum. LA, The levator ani. A, Anus. V, The vulva. O, The point at which pressure should be applied in labour.

descends to the outlet the perineum forms a comparatively insignificant structure; but no sooner does the head begin to pass the bony pelvis than it becomes enormously distended, until at the moment that the head is about to traverse the vulva it forms a bed nearly large enough to completely cover the head, and has carried the orifice of the vagina from looking downwards and slightly forwards to a position pointing almost directly forwards. Is this complete transformation in its relations due simply to stretching

by the head, or is it materially assisted by some other structure in relation to the perineum? It appears to me that there is a powerful agent besides the head, which has literally been pressed into the service, the action of which, in formulating any plan for the management of the perineum, ought to be carefully kept in view. This agent I believe to be the levator ani muscle. This muscle arises on each side from the back of the symphysis pubis and white line, and, running downwards and backwards by the side of the bladder and vagina, is inserted into the perineum from the central point backwards to the coccyx. The effect which these muscles would exert upon the perineum is evident. With the head pressing backwards upon the rectum, both muscles, and particularly their anterior portions, inserted in front of the rectum, would be put upon the stretch, and by their traction would tend to pull the front of the perineum forwards. In fact the perineum may not inaptly be compared to a hammock, having its attachments behind to the sacrum and hips, while the ropes slinging it above and in front to the pubes are the levatores ani muscles. It will further be noted that a peculiarity of the perineal hammock is that the anterior ropes are not tied to its front only, but are fixed along the whole bed up to the central point, while all between the latter and the vagina is free. The effect of these peculiar attachments is plain. The front of the perineum, immediately adjacent to the vulva, is left free and untrammelled—an obvious advantage, as it is the part which will have to be stretched to allow the head to come through. On the other hand, the portion behind, while much strengthened on its sides by muscle, is weakened along the middle line of its floor, this being the line along which the levatores ani are attached, and which is subjected to the greatest amount of traction. It is along this line that the perineum splits. Granting this view to be a correct one, the principles which should be kept in view are—1. Interfere with the natural tendency of the perineum to be pulled forwards as little as possible. 2. Leave the front of the perineum quite unfettered, to dilate as freely as its structure will admit. 3. Take off the tension from the middle line, along the insertion of the levatores ani muscles. All these requirements are completely fulfilled, together with that fourth and very important one, maintenance of flexion of the fœtal head, by pressure applied just in front of the coccyx in an upward and forward direction. By so doing the perineum is helped forward, the tension of the levatores ani upon the floor of the perineum is relieved, the head is kept flexed and closely applied to the pubes, while the anterior part of the perineum is left free to dilate. The plan I have found most convenient is to apply pressure with the thumb of the right hand, the fingers being free to control the passage of the head through the vulva, should it be deemed desirable to delay the birth till more complete dilatation has taken place. The results which I have obtained by a practical application of these principles to fifty cases of vertex labour at full term are: Forty-three multiparas, two tears; seven primiparas, one tear. Of the three tears, none of them were serious. One was lateral, through the hinder part of the left labium, and one occurred during the birth of the abdomen. The tear in the primipara was half an inch long and only skin deep, the septum remaining intact. It needed only a single catgut stitch to bring it together.

To sum up, the conclusions which I would venture to put forward are:—1. That rotation is not the result of the inclined planes of the pubes and ischial spines, but of the narrowing of the transverse diameter towards the outlet due to the inward, downward, and backward slope of the pelvic floor. 2. That the head in occipito-anterior presentations is born, not by extension, but in a state of flexion. 3. That the perineum is best preserved by a method which maintains flexion of the head, relieves the tension along its floor, and interferes as little as possible with its normal action in labour.

Adelaide-road, N.W.

THE FULHAM MORTUARY.—A member of the Fulham Vestry, at a recent meeting of the Sanitary Committee, described from his own personal observation a revolting state of things at the Fulham Mortuary, which drew forth strong animadversion from the meeting. Ultimately a subcommittee was appointed to visit the mortuary, accompanied by the medical officer, and report the steps necessary to be taken for its better equipment and management.

NOTE OF A CASE OF TUMOUR OF THE BRAIN THE RESULT OF AN APOPLEXY.

BY J. A. CAMPBELL, M.D.

WITH REPORT OF THE STRUCTURE OF THE TUMOUR BY JOSEPH COATS, M.D.

W. M——, aged thirty-three, was admitted into the Carlisle Asylum on Nov. 17th, 1870. He had not been considered well in mind for six years; when a child he had had fits. Though none of his near relatives had been in an asylum, some of them had been very peculiar. Previous to his admission he had been dull and morose, wishing himself dead, and threatening to injure his father.

On admission he was found to have a good memory, to speak coherently, to reply to questions correctly; but he was in a state of very considerable depression, as shown by his appearance, attitude, manner, conduct, and remarks. A careful note was made of his bodily condition, but I need merely quote that he was a dark-complexioned man of 5 ft. 11 in. in height, and 167 lb. in weight. His temperature and pulse were both slightly above normal, but no disease was detected in his various organs. For some time he was returned as being dull and taciturn, seldom conversing with others and always very peculiar in his conduct and habits, never wishing to leave the place, and on the whole industrious and in good health. For nine years he continued in this state, but in October, 1879, he complained of rheumatic pains for a short time. Only once or twice during this period did he show real signs of being dangerous to others, on one occasion attacking a fellow-patient with a spade. Both attendants and fellow-patients thoroughly recognised that he was not a man to be trifled with, so that for the most part he got his own way, and therefore behaved quietly. In October, 1886, after sixteen years' residence, physical examination showed no indications of disease, except that the respiratory murmur over the right apex was harsher than over the left. His heart was carefully examined, and nothing abnormal was detected about it. In January, 1891, he did not look quite so well as usual, and was therefore allowed one pint of porter daily, but at this time he was 17 lb. heavier than when he came in. On July 3rd he had a paralytic seizure, with slight loss of power on his right side. He complained of a feeling of giddiness, but there was no change in his mental condition, and he spoke as usual. On July 12th he had a fit, after which the paralysis increased. His right arm remained powerless but his leg shortly regained power. During August the patient improved, regained a certain amount of power in his right arm, and more in his leg. In the first half of September he deteriorated, his arm and leg dwindling considerably, and he was reported to have had several slight fits at night. On Sept. 15th a pustular eruption like a half oval in shape appeared over the lower part of the abdomen. He became suddenly comatose on Sept. 30th, and continued so till his death on Oct. 3rd, 1891—three months exactly after the date of his first attack. I thought his first seizure due to an apoplexy in the left hemisphere, in the region of the centres controlling the arm and leg. I considered that the slight fits which were from time to time reported as affecting him at night (though I never was fortunate enough to see him in one) were caused merely by the cerebral irritation consequent on altering blood-clot; and I thought the final attack with complete coma was due to a further and more extensive hæmorrhage, probably in the same locality as the first. In considering the patient's case the question of brain tumour was discussed; but I decidedly favoured the diagnosis of apoplexy from the suddenness of the initial seizure, the partial recoveries of power which took place in the implicated members, the absence of the train of mental phenomena usually witnessed with growing tumours, and the character of the final and fatal seizure.

A post-mortem examination was made forty-one hours after death. The body was rather emaciated. The organs

were carefully examined, their condition noted, and their weights recorded; and, with the exception of the brain, they were so far normal as not to call for comment. I shall therefore merely quote from my register the account of the appearances of the contents of the skull. Head: scalp thin, calvaria thickened; dura mater was not adherent to the bone, nor was it thickened. The state of the other membranes does not call for notice. On separating the hemispheres there was found to be a tumour the size of an orange in the right hemisphere; it was placed immediately above the lateral ventricle of that side. In consistence it was firm; it appeared encapsuled, and required no dissection to remove it from the brain. The tumour included the gyrus fornicatus and corpus callosum, or had displaced these and caused their atrophy; it lay rather more posteriorly than anteriorly. It did not cause any change in the appearance of the surface of the brain, and its presence could not be detected till the hemispheres were separated. The tumour weighed five ounces. Section of the brain showed no naked-eye changes other than atrophy of the grey matter. The arteries at the base were atheromatous. I examined a minute portion of this tumour, and found large, round, and spindle cells; but I was so much astonished at finding such a large tumour with such a short known period of illness, with such an onset and train of symptoms, that I asked my friend, Dr. Coats of Glasgow, to examine the tumour and give me a report upon it. I told him I had diagnosed sanguineous apoplexy, and that I was exceedingly surprised at the post mortem revelations. The following is the report with which Dr. Coats kindly furnished me:—

"The specimen sent is a pyriform mass, measuring, after preservation in alcohol, 2¾ in. × 2¾ in. × 1¾ in. It is very firm to the touch and generally smooth on the surface. A section having been made through the mass from apex to base, the cut surface is seen to present a somewhat varied appearance. The greater part shows a brown colour, and this presents frequently an appearance of partial disintegration, but without any absolute formation of cavity or cyst. Besides this brown substance there is a whitish structure which looks like fibrous tissue; this is especially seen at the surface, where there is an approach to a capsule formed by this fibrous-looking tissue; but it also extends at one place for some distance into the substance of the mass. Microscopic examination shows the layer on the surface to be composed essentially of spindle-shaped cells. This layer is not absolutely continuous, but covers most of the surface, and it is thin, attaining generally to about the thickness of the twenty-fifth of an inch, although sometimes extending considerably more. In connexion with this layer, but even more in the parts immediately beneath, there are frequently groups of large vessels, thin-walled and distended with blood. Beneath the spindle-celled layer the mass of the tumour is composed of a rather indefinite structure. There are many round cells, which to a considerable extent lie in masses separated by fibrous matter. This fibrous matter has, when the section is treated by ordinary methods, a vague structureless appearance. It runs among the cells forming a kind of basis, and often assuming greater proportions, so as to form strands dividing the masses. It has not, however, the aspect of wavy connective tissue, and on staining it shows no nuclei apart from those of the contained round cells. The appearance of this fibrous matter, suggested fibrine, and this view is completely confirmed by staining with Weigert's fibrine stain. This brings out frequently the finely fibrillated appearance of fibrine and shows that it extends intimately amongst the cells."

Dr. Coats is of opinion that this has been a large blood-clot, which was undergoing the process of organisation. The stages of this process are similar to those in the organisation of a thrombus, as described and illustrated in Coats' Manual of Pathology, second edition, p. 70. After the blood has coagulated there is first a penetration and replacement of it by round cells and bloodvessels, this being the stage represented in the greater part of the present specimen. After this the round cells elongate and spindle cells are produced. The process extends from without inwards, and here the surface has alone got the length of spindle-cell tissue. It is very unusual for a coagulum to undergo this process in the brain, but it is also very unusual for a patient to survive after such a large hæmorrhage as this must have been.

Carlisle.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

CONVULSION TREATED BY COMPRESSION OF THE CAROTID.

BY WALTER C. HEARNDEN, M.R.C.S.

IN the issue of THE LANCET of Jan. 2nd there was an annotation giving an account of Dr. Leopold Roheim's treatment of eclampsia by compression of the carotid. The following case occurred in my practice the other day, and from the rapid success of the treatment I think it worthy of record:—

A. H——, widow, aged sixty-one, had been under my care as a pauper patient on and off for some years suffering from chronic rheumatic gout. She was seized with influenza and had a severe attack of bronchitis, which made her very weak, and I had great difficulty in obtaining any nursing or assistance in feeding her. However, she was doing fairly well; when on seeing her on the 15th I found she had paralysis of the right side of the face, arm, and leg. I saw her on the following morning, and in the evening at half-past ten I was sent for to see her, as she was said to be dying. When I arrived I found her in a fit, which the attendant said had been going on for two hours. Her eyes were turned to the right, face and body twitching, and she was puffing away like a steam engine. I looked on it as a case of embolic plugging in the left hemisphere and hyperæmia of the right, as the eyes were turned to the right side; and, having Dr. Roheim's treatment fresh in my mind, I thought I would compress the right carotid. I found it rather difficult, the patient being very fat, the throat moving up and down in the convulsion, and the carotid beating with such force that it was difficult to prevent it running under the thumb. I used the thumb to compress, the rest of the hand getting power from behind the neck. In a few seconds only the twitchings began to cease, then the breathing grew slower and deeper, and in not more than a minute and a half or two minutes the face grew calm, the eyes regained their position, and there was an attempt on the patient's part to wipe the lips with the sound hand. I then left off the compression. For a minute or two the patient went on breathing calmly, then suddenly the eyes went up to the right, the face twitched, the breathing became again puffing, and the body was convulsed. I immediately compressed the carotid again as firmly as possible, and had the great satisfaction of seeing the patient in certainly less than two minutes come out of the fit, give me her hand, and pull herself up in bed, and, although dazed, still sufficiently clear to attempt to put out her tongue when told to do so. I left her to the nurse and she had no return of the fit. I know of no other treatment that could have been adopted in an emergency that would have so rapidly relieved the patient.

Leatherhead, Surrey.

"OCCLUDED OS AT FULL TIME."

BY ROBERT S. COCHRANE, M.B. DUB., F.R.C.S.I.

UNDER this heading two cases are reported by Dr. Nash in THE LANCET of Jan. 30th. About a year ago I met one very similar, which may perhaps be worth publishing.

On the evening of Feb. 25th, 1891, I was called in with my friend, Dr. Atkinson, to the following case. A primipara, thirty years of age, in labour over twelve hours. Pains very frequent and severe. On examining, we found the head low down in the pelvis, completely covered by the uterus. Neither of us could detect any trace of an os; no thickening or roughness, or the least depression appreciable by the finger. The pains increasing and becoming more violent, we drew the patient over to the side of the bed, and introduced a large-sized Ferguson's speculum. Through it, and with the aid of a strong light, we were able to see a very slight indentation where we would expect to find the os. Keeping the speculum in position, we pressed a sound

against the spot, which soon admitted it, a few drops of blood escaping. The sound was moved round between the head and the womb. By degrees with the fingers we dilated sufficiently to get in a small Barnes' bag. Dilatation rapidly proceeded, the membranes were ruptured, and a healthy child was safely delivered with the forceps.

In this case, had the head not been low down in the pelvis, thus enabling us the more readily to use the speculum and detect the position of the occluded os, there seemed no alternative but to incise the uterus at its most dependent part.

Longford, Ireland.

A CASE OF ACUTE ORCHITIS FOLLOWING INFLUENZA.

By T. GORDON KELLY, M.D. DUB., &c.

IN connexion with the case recorded by Dr. Harris in THE LANCET of Jan. 2nd the following notes may be of interest.

On Jan. 3rd I was called to see a man, J. C——, aged thirty-two. He was complaining of sickness of the stomach, pains in his head, limbs, and back, and a slight nasal catarrh. His temperature was 102·8°; pulse 120. I diagnosed the case as influenza, and put him on quinine, dilute hydrochloric acid, and bark, and a nourishing but plain diet. On Jan. 12th he had become almost quite well again, but had not left his room; and when visiting him again on the 13th I found him complaining of pain, swelling, heat and redness of his left testicle. Temperature 102·4°. I gave him a smart purgative, and had the scrotum supported by a pillow placed edgewise between his thighs, and as the pain was very great I applied belladonna over the scrotum and along the groin. He got on well, and by Feb. 1st had become convalescent.

This case seemed to me to be one exactly similar to that recorded by Dr. Harris, since in this, as in his case, the patient never left his room, had no urinary troubles, and could not account for the swelling in any way. As regards the orchitis, I can only imagine that in some way the influenza brought it on.

Desford, Leicester.

CASE OF UNUSUAL MUTILATION IN CHILDBIRTH.

By J. M. BARBOUR, M.B.

THE following case is perhaps unique in the "accidents" of midwifery.

M. K——, an unmarried woman travelling *alone* in a compartment of a suburban train, was suddenly seized with labour pains. Feeling a protrusion from the vagina, she states she attempted with some force to deliver herself, and broke the presenting limb—an arm. In a moment of pain and frenzy she took a table knife from a tiffin basket, severed the limb above the elbow, and threw it from the carriage window. A few minutes after she alighted from the train, and walked half a mile home. When seen, an hour after this incident, a considerable quantity of arterial blood had escaped from the vagina into cloths and vessels, but an excellent pulse and an entire absence of pains hardly lent credence to her story. On examination the vagina was occupied by a ragged projection, which proved to be the "balance" of an arm presentation. The patient was placed under chloroform and much difficulty was experienced in turning, the management of a jagged stump greatly hindering manipulation. Eventually a full-grown, well-nourished male child was delivered dead, with the right arm severed about two inches above the elbow. There was no funis pulsation; the stump was pale and flaccid, with a general pallor of the entire skin. The uterus was douched twice daily with solution of perchloride of mercury, and the patient made a good recovery.

This case singularly illustrates the exemption from criminality where mutilation occurs *before the child is free from the maternal passages.*

West Cromwell-road S.W.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

FRACTURE DISLOCATION OF THE SECOND LUMBAR VERTEBRA; LAMINECTOMY; RECOVERY.

(Under the care of Mr. C. MANSELL MOULLIN.)

THE case is of interest from the way in which it illustrates an observation of Mr. Hutchinson that in fractures of the lumbar spine there is a possibility of recovery altogether unknown higher up in the region of the spinal cord, and also because it bears out the recommendation as regards treatment given by Thorburn for accidents of this particular locality—namely, that they should be left alone for a time to see how far spontaneous recovery will take place, and then, if this is not satisfactory, trephined before degenerative changes have advanced too far. In one point it differs materially from the majority of the cases he quotes According to his observations, the nerves which emerge from the spinal foramina low down are always, or nearly always, more severely injured than those which issue higher up, and that in spite of the fact that while they are still contained in the spinal canal, they lie nearer the axis, and might therefore be expected to enjoy a greater degree of immunity. In this case, on the contrary, the one that suffered most was the second sacral, while the fourth must have escaped almost altogether. There was, it is true, retention of urine, but as it lasted only two days it can only have been due to shock; and though there was some doubt about it at first, certainly after he had been in hospital a week the external sphincter acted well. It is to be regretted that the cutaneous sensibility of the parts supplied by the pudic and lower sacral nerves was not noted. The nature of the injury does not admit of question: the second lumbar vertebra was displaced from the third. Probably as pure dislocation in this region is almost impossible, there was a fracture in connexion with the articular processes, but no evidence of it was obtained at the operation. The cord was above the level of the injury and escaped. So far as the nervous system was concerned, the whole of the violence fell upon the cauda equina; the nerves in the intervertebral foramina do not seem to have suffered. The conditions resulting from injury to the spine, for which Mr. Thorburn recommends operation, in addition to the injuries of the cauda equina, are meningeal hæmorrhage and impacted fracture of the lamina only. Much interesting information on this question may be found in his Jacksonian prize essay, as also in the papers by Gurlt,[1] Ashhurst,[2] and Werner.[3]

D. B——, thirty-eight years of age, a labourer, of average height and strength, was sent to the London Hospital on Jan. 7th, 1891, by Dr. H. C. Male of Grays, Essex, who also kindly forwarded the early notes of the patient. On Jan. 1st, while working in a chalk pit, a ledge upon which he was standing gave way, and he fell, with a considerable amount of débris, some five-and-twenty feet. He does not appear to have been buried or crushed in any way. For a few minutes he was unconscious; then he recovered sufficiently to sit up with assistance, but he did not make any attempt to stand—he felt he could not. His legs were completely paralysed, so far as motion was concerned; there was severe pain in his back, and what he described as pins and needles running down from his loins to his feet. A few hours later, after he had been carried home, he so far improved that he was able to move his right leg a little. Both legs felt numbed; sensation was only slightly impaired upon the right side, but was almost lost upon the left.

Dr. Male, who saw him about an hour after the accident, finding there was considerable displacement, determined to

[1] Handbuch des Lehre von den Knochenbrüchen.
[2] Injuries of the Spine.
[3] Die Trepanation der Wirbelsaule.

try the effect of manual extension, and succeeded in reducing the deformity, though he could not altogether remove it. Unfortunately, a day or two later, in carrying the patient down some narrow stairs preparatory to conveying him to hospital, a great deal of the advantage that had been gained was lost, and the patient's strength was too much exhausted to permit a second attempt being made. For the first two days there was retention of urine, then the bladder began to recover; but for a time micturition was very slow, and the stream was ejected without force. The bowels were relieved by enemata. On the seventh day after the accident he was brought to the hospital by the ambulance without any difficulty.

On admission the second lumbar vertebra was found to be displaced forwards upon the third, and rotated slightly towards the left, so that the right transverse process was more deeply sunken. Extension was tried, but it had no effect upon the deformity. The patient could flex the right hip and raise the knee with the foot resting on the bed. The quadriceps and all the muscles below were paralysed. On the left side the loss of power was more extensive; the patient was unable even to move the hip-joint. Tactile sensation was good all over the right side (the skin over the gluteal region was not tried), and on the left above the knee; below it was considerably impaired, especially over the foot. The lower extremities felt dead and numbed, and at times there was a pricking sensation in the feet and thighs. Micturition was carried out very slowly. The bowels were constipated; and though the evidence was not satisfactory, it seemed on the whole that there was some loss of power over the external sphincter.

For about three weeks the condition of the patient steadily improved. On the right side the quadriceps recovered, so that the knee could be straightened and the whole limb raised up from the bed, and some power returned in the gastrocnemius. On the left the hip could just be flexed, drawing the foot up. Sensation became practically normal, except over the outer side of the left leg and the left foot. The knee-jerks, however, remained absent; there was no patellar reflex. The nerves continued to be very tender on pressure, and the muscles below the knees on both sides wasted until there was scarcely any fleshy substance left. All the muscles reacted to galvanism, and all but the left tibialis anticus to faradaism. At this point matters became stationary, and as after some weeks there was no evidence of further improvement, the patient was advised to undergo an operation.

Laminectomy was performed on March 3rd (nine weeks after the accident). An incision five inches long was made in the middle line of the back, and the periosteum and muscles stripped off the spines of the second and third lumbar vertebræ. The spines were then removed with bone forceps, the laminæ divided with a trephine, and the dura mater exposed. As this bulged up at once into the gap, and appeared to be under considerable pressure, the right lower articular process of the second lumbar vertebra, which was twisted round upon the third, was removed as well. This seemed to give sufficient room. No vessels required trying. The wound, which was very deep, was sponged out with corrosive sublimate, dusted with iodoform and fastened with deep sutures, and sponges wrung out of carbolic were placed on either side to secure sufficient pressure. The shock after the operation was very slight; there was no retention of urine, and the temperature rose only to 101° on one occasion. A small portion of skin that had been bruised by a retractor sloughed at the upper end of the wound, and there was a little suppuration around one of the deep sutures. Otherwise it healed well and without any trouble.

The day after the operation the patient complained of severe shooting pain in the left ankle, but stated that the sensation of numbness had greatly diminished. The next day the extensors of the toes upon the right side, and the peronei upon both, were able to contract a little. On the sixth day the left gastrocnemius began to recover, and, although there was a good deal of shooting pain and tenderness down both legs (especially the left) for some weeks longer, from the time of the operation the patient gradually regained power over all the muscles except the tibialis anticus and the extensors of the toes upon the left side. Galvanism and massage were commenced upon March 26th, and the patient was allowed to sit up on April 15th. By the beginning of June he had left off crutches and could walk fairly well; the only inconvenience was the loss of power over the dorsal flexors of his left ankle and the consequent dropping of the toes. Several attempts were made to relieve this by means of rubber accumulators, but they seemed to give him more trouble than the complaint.

The patient was shown at the Clinical Society on Jan. 22nd, 1892. He could walk up- and down-stairs without a stick, and stoop down and lift himself up without the least difficulty. The toes of the left foot still dropped, but the muscles were apparently regaining power.

Remarks by MR. MANSELL MOULLIN. — The shock of the accident may be considered responsible for the loss of consciousness, the general paralysis and loss of sensibility over the lower part of the body, and the retention of urine. These symptoms at least passed off very much sooner than they would have done had they been due to hæmorrhage or pressure. Of the rest, those which disappeared spontaneously in the course of the first three weeks may be attributed to simple bruising, extravasation of blood, or the displacement of the bones, and there can be no doubt that the early reposition of the fragments by Dr. Male, although it was only partial and relapsed to some extent, was of material benefit. The rapidity with which those that had not already disappeared began to clear up after the operation may be regarded as proof that they were really due to compression. It is probable from the early loss of faradaic excitability that the nerves supplying the extensors of the toes and the tibialis anticus on the left side were hopelessly crushed; but I have regretted since that I did not open up the canal more freely upon the left side, as they might then have had a better chance of recovery.

BRADFORD INFIRMARY, YORKS.

COMPOUND DEPRESSED FRACTURE OF THE SKULL; APHASIA; FACIAL AND BRACHIAL PARESIS; TREPHINING; RECOVERY.

(Under the care of Mr. APPLEYARD.)

THIS case of compound fracture of the skull with depression of the bone is an example of the rarer group of injuries of the cranial vault, in which localised symptoms dependent on the cerebral injury attract most attention and call most urgently for relief. It also illustrates the satisfactory recovery which results nowadays from application of the trephine with elevation of the bone fragments in these injuries, when it is possible to render the wound quite aseptic. In such there is no doubt of the necessity for operation. For the notes of this case we are indebted to Dr. J. Lacy Firth, house surgeon.

S. H——, coalminer, aged forty-three, was working in the shaft of a mine at 10 A.M. on July 16th, 1891, when a sharp-angled stone weighing about 7 lb. fell upon his head from a height of seven or eight feet. For a minute or two he lost consciousness, but then recovered, and with support was able to walk home, a distance of half a mile. At 3 P.M., five hours after the injury, the patient was brought to the Bradford Infirmary in a cab. He was still able to walk with support.

On admission the patient was pale and looked ill; lips blue; he was with difficulty able to sit up. On the left side of the scalp, vertically above the external auditory meatus and two inches from the line of the sagittal suture, was a triradiate and contused wound. On raising the anterior flap the parietal bone was found to have sustained a depressed fracture. The depression was roughly the shape and size of a broad almond with the long axis transverse. The depressed fragments were absolutely immovable. The depth of the depression was about one-third of an inch. A good deal of mud had entered the wound. The patient was quite conscious. When asked his name he strove apparently to recollect and utter it, but had to make several efforts before succeeding, and immediately afterwards said "That's it," and was obviously pleased with his success. The expression "That's it" he uttered several times when trying to say other words. Impaired articulation and hesitation in the formation of words rendered his speech very difficult to understand. He appeared to perfectly understand all that was said to him. The tongue on protrusion deviated to the right of the middle line. There was depression of the right corner of

the mouth when at rest, and impaired power of raising it when asked to raise the upper lip. He could not raise the right arm from the bed, and had no power of grasp. There appeared to be no loss of strength in the right leg. Tactile sensation tested roughly appeared to be unimpaired.

Trephining by Mr. APPLEYARD.—At 7 P.M., nine hours after the injury, chloroform was given. The head was shaved and cleansed with soap, turpentine, and a 1 in 1000 perchloride of mercury solution in turn. The wound was enlarged and the quarter-inch trephine twice applied—one complete ring and two-thirds of a second ring of bone being removed. In both cases the fragments of the outer table came away in the trephine first, and the internal table was sawn through separately. The depressed fragments were now easily removed—first the outer table fragments, and next the inner. The two tables had been separated by the injury of the diploë. The inner table was more extensively fractured than the outer, and loose fragments of the inner table were removed from beneath the uninjured outer table. The dura mater appeared uninjured. No sutures were applied. The wound was dressed with cyanide gauze and sal alembroth wool. Four hours after the operation the patient could raise his arm from the bed.

Second day.—There was no noticeable affection of speech, and the patient had slight grasping power.

Third day.—Wound dressed; it looked well.

Fourth day.—Wound dressed. The anterior flap pulsated markedly. No tenderness or swelling. Grasp remains weak, and the facial and lingual paresis is unaltered.

Fifth day.—Wound healing rapidly. The hand and arm are weaker than yesterday.

Sixth day.—Power of grasp lost again. The triceps appears to be completely paralysed, but the biceps is fairly powerful. For the last twelve hours the patient has had sensations of pins and needles in the forearm from the wrist to elbow.

Eighth day.—Sensation altered, as on sixth day. Grasp still almost absent; facial, lingual, and upper arm paresis less marked. A drop or two of clear serous fluid was expressed from beneath the anterior flap. Morning temperature: right side, 97·6°; left, 96·8°.

Ninth day.—Power of grasp considerably increased. There is incoördination of movement. On attempting to pick up or reach an object the hand digresses from side to side two or three times before succeeding. A drop of serum was expressed from beneath the anterior flap.

Fifteenth day.—The incoördination is less marked and also the disturbed sensation.

Twenty-third day.—There is fair grasping power in the right hand. Facial and lingual palsy very slight. Slight incoördination as before.

Thirty-first day.—Patient discharged.

The patient was seen three months after the accident and said then that he felt perfectly well with the exception that the little finger was somewhat numb and useless. He could, however, flex and extend the thumb perfectly and tactile sensation was perfect. A fortnight later he was seen again. He feels as well as he ever felt in his life. The little finger has lost its numbness. Scar firm. No tenderness of scalp. No headache. He has been doing his ordinary work a fortnight.

To the above notes it should be added that the highest temperatures recorded (axillary) were on the evenings of the first three days, and were respectively 100·8°, 99·6°, and 98·6°. After the third day they were for the most part slightly subnormal, and only twice reached the height of 98·6°. For the first fourteen days the temperature in the right axilla was slightly higher than in the left. The difference varied from 1° to 2° F. On three occasions only was it equal on the two sides.

Remarks.—Noteworthy features in the above case appear to be the slight and transient concussion, the difference in extent of the injury to the external and internal tables of the calvaria, the healthy appearance of the dura mater, and the presence of the symptoms of numbness and incoördination in the forearm and hand, the former being first observed on the sixth day and the latter on the ninth, and both persisting to the end of convalescence, and disappearing *pari passu* with the motor paresis. Do not the latter symptoms point to segmental sensory representation in the cortex? and do they not fall more in accord with Dr. Bastian's view of the kinæsthetic function of the cortex in the Rolandic area than with Dr. Ferrier's view of the purely motor function of that area

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

Gelatiniform Degeneration of Hydatid Cysts.—Changes in the Blood in the Course of Rheumatic Attacks.

AN ordinary meeting of this Society was held on Feb. 9th, the president, Mr. Timothy Holmes, in the chair.

Dr. MITCHELL BRUCE and Mr. MARMADUKE SHEILD communicated a paper on Gelatiniform Degeneration of Hydatid Cysts. The authors first related the case of a patient, a male aged forty, who was the subject of a large hydatid cyst. The symptoms commenced very obscurely, and the diagnosis was at first dubious. When the usual signs of hydatid cyst declared themselves aspiration was performed, but no fluid escaped, and the cannula was found blocked with tough, jelly-like material. The characteristic hooklets were discovered in this under the microscope, and the diagnosis was verified beyond a doubt. As the cyst was rapidly increasing direct hepatotomy was performed. Much difficulty arose in the operation, from the depth at which the cyst was located in the liver. The operation was described, and the method by which the cyst was evacuated and secured to the abdominal wound. Good union took place, no peritonitis occurred, and the cavity contracted. Unfortunately the patient died eight days after the operation, with all the ordinary symptoms of delirium tremens. His previous habits, for upwards of twenty years, strongly predisposed him to this complication, and it is believed that otherwise the operation would have been quite successful. The authors discussed the general question of solidification of hydatid cysts. They next referred to the peculiar degeneration exemplified in the case related. Its rarity was pointed out and its clinical importance insisted upon. Finally, the surgical question was raised as to the best method of dividing a considerable thickness of liver tissue, with special reference to the causation and checking of hæmorrhage.

Dr. ARCHIBALD E. GARROD contributed a paper on the Changes in the Blood in the Course of Rheumatic Attacks. The work of Malassez, Baxter and Wilcox, Hayem, and Maragliano and Castellino upon the changes in the blood during rheumatic attacks was referred to, and the results obtained by the three last-mentioned observers were quoted at some length. The author's conclusions were based upon some eighty examinations of the blood of rheumatic patients, as many as six or eight observations having been made in the course of the attack in some cases. The corpuscles were counted with a Thoma Zeiss hæmocytometer, 256 squares (equal to 32 squares of Gowers' hæmocytometer) being counted on each occasion. For the estimation of the hæmoglobin percentage a von Fleischl's hæmometer was employed. Results of comparisons of these instruments with others of Gowers' pattern were given. Observations on ten healthy persons and ten chlorotic patients with the instruments used are quoted as standards for comparison. The following conclusions were arrived at:—An attack of rheumatism is always attended with a considerable diminution of the number of red corpuscles, which diminution commences very early in the attack. When convalescence sets in the lost corpuscles are rapidly replaced. In acute cases the loss of red corpuscles is usually about 1,000,000 per cubic millimetre. The rapidity of the diminution and repair is such that within as short a period as ten or eleven days a million corpuscles may be lost and replaced. The development of a fresh rheumatic manifestation during convalescence is attended by a fresh fall, and in this way the phenomena of loss and repair may be repeated several times in the course of the attack. In prolonged attacks there is not a progressive diminution of the number of red corpuscles, but, on the contrary, the numbers remain at or about an even low level. There is no real connexion between the variation of the red corpuscles and the temperature curve, the blood changes being equally marked in afebrile cases. Indeed, these variations afford a far more delicate index than does the temperature chart of the activity of the rheumatic process. The changes in the blood may be equally conspicuous whatever the nature of the rheumatic manifestation which they accompany, whether arthritis, pericarditis, erythema, or pleurisy. The changes

are not due to salicylic treatment, being equally well marked when no salicylate is given. A loss of corpuscles is sometimes observed when the patient first leaves his bed, but this is not a constant phenomenon, being sometimes absent and sometimes replaced by a fall of hæmoglobin. The variations of the percentage of hæmoglobin frequently follow those of the corpuscles, the worth of the individual corpuscle (obtained by dividing the percentage of hæmoglobin by the percentage of corpuscles) remaining constant. A tendency to falling worth is manifested in many cases, and not only at the period when many new and incompletely developed corpuscles are present. When the worth falls during the acute attack the diminution is usually only transitory; but a progressive fall of worth may set in during convalescence, producing a condition of more or less chronic anæmia. Nevertheless, any conspicuous diminution of worth between the first and last observations is somewhat exceptional. In some few cases the hæmoglobin percentage rises rapidly for a time; whilst the percentage of red corpuscles remains constant, or is falling. Examples of this are quoted which rest upon double observations. As Dr. MacMunn has pointed out, uro hæmatoporphyrin, a pigment discovered by him, is usually present in the urine in considerable quantity during rheumatic attacks; and, since this pigment is one of the products of the action of reducing agents upon hæmatin, it seemed probable that some connexion might be traced between its appearance in the urine and the changes in the blood. In eight cases the blood and urine were simultaneously studied with a view to ascertaining whether any such relation exists, and it was found that the appearance of uro-hæmatoporphyrin in the urine and its disappearance therefrom did not bear any recognisable relation to the variations in the number and worth of the red corpuscles. Patients who were passing uro-hæmatoporphyrin in the urine throughout their stay left the hospital with no deterioration of the blood. Hence it is concluded that the appearance of this pigment in the urine, assuming it to be derived directly from blood-pigment, does not indicate any excessive destruction of hæmoglobin, but rather a perversion of the ordinary processes for the elimination of the effete blood-pigment. The anæmia of rheumatism is of two kinds—an acute oligocythæmia which is rapidly recovered from, and a more chronic condition of pseudo-chlorosis, which may outlast the attack, and which is only observed in a small proportion of cases. The former variety calls for no special treatment, but iron is often of great value in combating the second and more lasting form of anæmia. The consideration of the variations in the number of white corpuscles, and of certain other phenomena, is reserved for a further communication.—Dr. WILCOX said his investigations showed that the blood was reduced in rheumatism, both as regards its corpuscles and the amount of fluid, very much as in other forms of anæmia. During recovery the corpuscles increased in number very rapidly by the addition of new-formed elements; the colour was also greatly and quickly improved by the administration of iron. He did not therefore attach too great importance in slight variations during convalescence. The amount of fluid in circulation was largely accountable for the apparent number of corpuscles as estimated by the hæmacytometer, though their actual quantity might not be affected.—Dr. STURGES referred to the constant association of anæmia with acute rheumatism, particularly in children. It being sometimes very difficult to recognise the disease in young subjects owing to the absence of the usual signs, such as pain &c., the value of acute anæmia as an indication of rheumatism in such cases was illustrated by two children recently under his care, who whilst in this condition developed a pericardial rub and an endocardial murmur.—Dr. OGIER WARD, in connexion with this point, mentioned a very similar instance, and referred to another feature—viz., the loaded condition of the urine, which had a specific gravity of 1030 or upwards. He quoted a case in which the pallor, a faint endocardial murmur, and great concentration of the urine all disappeared under treatment for rheumatism.—Dr. ALFRED GARROD, in reply to Dr. Wilcox, said it was the constancy with which anæmia accompanied rheumatism in children that led him to undertake the present investigation. He laid most stress on variations in "worth" of the corpuscles, this not being affected by variations in the quantity of fluid in circulation. He distinguished also between the early acute oligocythæmia and the later tendency to a progressive fall in the "worth" of the corpuscles which occurred during convalescence in some cases.

Dr. KESER read a paper on the Treatment of some forms of Chronic Bronchitis by the water of Weissenburg (Switzerland). He related two cases of chronic bronchitis in which the plan of treatment followed at Weissenburg has been used with success. The first patient was a lady, forty-eight years of age, who had suffered from bronchitis and emphysema for ten years. There was a considerable amelioration in her condition during the summer months, but never a complete disappearance of the symptoms. She had tried the seaside and country air in England and on the Continent, but without permanent benefit. Treatment by drugs had a temporary effect only. She went to Weissenburg in 1890 and 1891, with the result that the bronchial affection has now entirely disappeared; there is still some emphysema. The second case is one of chronic bronchitis in a phthisical patient, aged forty-three, who was first seen eight years ago. In 1890 the condition of the lungs was satisfactory, but the bronchial affection had increased to an alarming extent. The patient spent several weeks at Weissenburg in 1890 and 1891, and on his return last year nothing abnormal could be found in the chest except prolonged expiration at the right apex. There are at present no signs of bronchitis. Weissenburg is situated in the neighbourhood of Thun, at a height of 874 metres, in the midst of extensive pine woods. Few places are so completely free from wind and dust. The water contains in one litre 0·95 of sulphate of lime, 0·3 of sulphate of magnesia, and many other substances in smaller quantities. The temperature of the water is about 23° C. The patients are expected to observe strict rules concerning diet, amount of exercise, &c.—The PRESIDENT made some inquiries relative to the procurability of the water.—Dr. SYMES THOMPSON mentioned Malvern as affording nearly parallel advantages. He said the water there was very pure, and that as much as thirty tumblerfuls used to be taken before breakfast with great benefit to certain cachectic conditions associated with bronchitic trouble where the secretions were scanty and the balance between ingestion and excretion disturbed as a result of town life. Such conditions as those mentioned by Dr. Keser hastened the restoration of this balance, and it was important to know of a place where they could be found within easy access.

MEDICAL SOCIETY OF LONDON.

Splenic Anæmia in Young Children.

AN ordinary meeting of this Society was held on Feb. 8th, the President, Dr. Douglas Powell, in the chair.

Dr. WALTER CARR read a paper on Splenic Anæmia, based upon thirty cases of the disease observed at the Victoria Hospital for Children, Chelsea. Sixteen were boys and fourteen girls; in age, when first seen, they varied from two months to two years and a half. They were usually wasted, and nearly always more or less anæmic in appearance, often showing the characteristic splenic tint. The spleen was always enlarged, and in about half the cases reached the level of the anterior superior iliac spine. There was frequently also some apparent enlargement of the liver and some swelling of the external lymphatic glands. In the more severe cases hæmorrhages occurred and irregular attacks of pyrexia, both probably due simply to the profound anæmia. Examination of the blood showed the red corpuscles to vary in number from 32 to 78 per cent. of the normal, and the hæmoglobin value of the individual corpuscles to be more or less deficient. The white corpuscles were only slightly in excess, averaging about 1 to 100 red; in only one case was the proportion higher than 1 to 70. Ten of the thirty cases were known to have died either from increasing anæmia and exhaustion or from intercurrent diseases, six could not be traced, 13 had either completely recovered or were steadily improving—one alone, after two years, remained practically *in statu quo*. A necropsy was obtained in seven of the cases. The spleen was found adherent in two, in one it only weighed one ounce, in the others from four ounces to eight ounces and a half; in all it was firm, dark, and distinctly increased in consistence, but otherwise presented no very abnormal appearance, and the microscope showed the enlargement to be due to simple hypertrophy, with some increase of fibrous tissue. The liver was not found distinctly enlarged, and in only two cases markedly tougher than usual. There was no noteworthy change in

any other organ. The connexion of the disease with ague, congenital syphilis, and rickets respectively was then discussed. The possibility of a malarial origin, either direct or inherited, was referred to, and in two of the children the father had suffered from definite ague; but in the case of a boy aged two years and a half, born in India, with large liver and spleen and marked anæmia, the result of many attacks of ague, after five weeks of treatment with quinine the liver and spleen could no longer be felt, and the anæmia had greatly improved, whereas ordinary cases of splenic anæmia showed no such improvement under quinine. In fourteen of the cases there was either undoubted or probable evidence of congenital syphilis, and seven of these died, but in a large number of other cases there was no indication whatever of specific taint, and even in the most obviously syphilitic cases the spleen and the anæmia were not affected by mercurial treatment, so that the conclusion adopted was that syphilis could be regarded as a predisposing condition only, and not as the sole cause of the disease. In twenty-seven of the cases there was rickets, more or less severe, but it was argued that this could not be the real cause of the disease, because (1) in the great majority of rickety children no splenic enlargement could be discovered; (2) there was no connexion between the severity of the rickets and the size of the spleen or the degree of anæmia; (3) in certain cases there was no evidence whatever of rickets. It was argued, therefore, that splenic anæmia must be due to a separate cachexia, to which both rickets and syphilis predisposed, but which required some further definite exciting cause at present unknown for its development, and that this theory of its origin would account for the similarity in clinical course and in pathological appearances observed in all the cases, whether rachitic or syphilitic, and also for the absence of improvement under the treatment usually beneficial for the two latter conditions. The question was also discussed whether splenic anæmia occurred after infancy, and an apparent case of the disease arising and proving fatal in a boy aged seven years was described. In regard to treatment, mercury, arsenic, and quinine appeared entirely useless, but improvement seemed sometimes to result from iron given in large and increasing doses.

The PRESIDENT inquired if any alteration had been noted in the urine with regard to the quantity of uric acid. He thought it would be interesting to know more about the association of marked anæmia with enlarged spleen, as to whether they were mutually dependent on one another, and also whether there were any abnormalities in connexion with the red corpuscles such as occurred in pernicious anæmia.

Dr. LESLIE OGILVIE said that in childhood it was usual for the spleen to be relatively enlarged, and that an excess of hæmoglobin and of corpuscles was not infrequently met with. In some cases the hæmoglobin was diminished, and in some the red corpuscles appeared nucleated. There were instances of rickets showing marked anæmia, but in which the spleen was not notably enlarged. The red corpuscles in such might be actually increased in number. His experience was that the excretion of urea was increased; this was especially marked and associated with diminution of the red corpuscles during recovery. He did not think that syphilis alone produced so much enlargement of the spleen as when conjoined with rickets.

Dr. COLCOTT FOX, alluding to the enlargement of the spleen in children, said that in three years he had collected sixty-eight cases, five of which he excluded as being tubercular. In age the cases ranged from four months to two years and a half—that is, while the bone changes of rickets were progressing. He thought that when one child was affected in this way, succeeding ones in the family followed the example. He found anæmia usually well marked, the patients exhibiting a waxy, greenish tint, with flabby tissues, and commonly enlarged liver and lymphatic glands. In six cases in which the blood had been examined there was noted a diminution in corpuscles, although leucocytes appeared to be actually increased. In the majority of cases the prognosis was favourable, but in a small number the enlargement of the spleen was progressive, and quite uncontrolled by drugs. Histologically, this appeared to be due to simple hypertrophy, with some increase of fibrous tissue. The changes in hereditary syphilis were apparently identical. He considered the cause was rickets. Recovery took place under treatment with iron and cod-liver oil.

Dr. COLCOTT FOX in another series had collected all the cases of hereditary syphilis which came under his notice, fifty-five in number, of which 47 per cent. had enlarged spleen. He thought that a very large percentage of cases of hereditary syphilis ended in rickets, and that in cases of rickets with enlarged spleen it was often most difficult to exclude syphilis. He had found the spleen extending to the umbilicus in infants of a few weeks. His conclusion was that syphilis was the principal factor, aided by rickets, which might be an outcome of syphilis, and due to disturbed nutrition.

Dr. CARR, in reply, said that he had estimated the corpuscles only in the most marked cases, and that a consideration of the whole number would very much diminish the average computation. The association of the condition with rickets was not so very clear; this disease was absent in some and syphilis in others, so that a third factor appeared necessary to explain it. Apart from intercurrent disease the prognosis appeared good. Systematic observations on the urine were practically impossible to carry out in children, but so far as he had been able to note there was nothing special to remark upon. He thought the anæmia and the splenic enlargement progressed *pari passu*.

OBSTETRICAL SOCIETY OF LONDON.

AT the meeting on Feb. 3rd (Dr. Watt Black, President, in the chair) the following specimens were shown:—

Mr. ALBAN DORAN, for Dr. George Beale: Ruptured Ovarian Cyst from a child six weeks old.

Mr. BUTLER SMYTHE: Distended Fallopian Tubes.

Dr. HERBERT SPENCER: Section through Fœtus, showing Retroflexion of the Uterus caused by Distended Bowels.

Dr. JOHN PHILLIPS: Putrid Extra-uterine Fœtation, with points of Ossification, proving seven months' gestation.

Dr. PLAYFAIR: Tubal Fœtation; Hæmato-salpinx.

The election of officers was proceeded with, Dr. John Phillips and Mr. Targett acting as scrutineers. The Fellows nominated were duly elected.

The following gentlemen were elected honorary Fellows of the Society:—Sir Joseph Lister, Bart., Sir William Turner (Edinburgh), Professor Carl S. F. Credé (Leipzig), and Professor William T. Lusk (New York).

Protracted Gestation.—Dr. PAGET BLAKE narrated a case of Protracted Gestation. The patient, aged twenty-five, had been married two years, and had had two miscarriages at the third month. She menstruated on Sept. 22nd; coitus on Oct. 15th. There was no period in October. Morning sickness soon came on. Confinement was calculated to take place about July 22nd, and on this date there was an abundant secretion of milk. She continued to increase in size, and on Aug. 3rd labour apparently began, but after lasting three or four days the pains ceased, and she was not delivered until Sept. 5th, or 323 days after conception.—Dr. CHAMPNEYS thought that the evidence of protracted gestation was insufficient. There was no mention of the weight, length, or condition of nails and skin of the child, nor was the date of the return of the husband given.—Dr. ROUTH asked if the patient had a pendulous abdomen, as he believed this condition would cause protracted gestation, the uterus being unable to act properly.—Dr. CULLINGWORTH said from a medico-legal point of view it would be desirable to obtain the additional information mentioned by Dr. Champneys.—Dr. LEITH NAPIER spoke to the same effect, and also said that secretion of milk and pains resembling labour pains might be found in the non-pregnant state. Most cases of so-called protracted gestation were pregnancies of ordinary duration, preceded by amenorrhœa due to other causes.—Drs. BRAXTON HICKS and PLAYFAIR offered remarks.—Dr. LEWERS mentioned the case of a patient aged forty-nine, who, after thirteen months' amenorrhœa, was found to be merely five months pregnant.—Dr. HERMAN said the history of the time of the coitus was too indefinite.

Annual Address.—The PRESIDENT then delivered the annual address, of which the following is a short abstract: "Gentlemen, in common with the whole of Her Majesty's subjects, the Council of the Obstetrical Society of London has noted with the greatest sorrow the lamented death of his Royal Highness the Duke of Clarence and Avondale. The Council have approved the proposal to petition Government to appoint a Select Committee to inquire into the question of the legal registration of midwives. The ordinary Fellows parted from us by death during 1891 number five.

Charles Verrall Willett settled in practice in Brighton in 1866, at Shoreham in 1867, and again in Brighton in 1869, at Brandon, Suffolk, in 1878, at Bristol in 1884, in West Kensington, London, in 1887, and again in Shoreham in 1891. He died on March 6th, 1891. Francis Joseph Salter of Leeds died on March 25th, 1891. William E. Steavenson, M.D. Cantab., died on June 1st, 1891. In 1882 he was appointed to organise and superintend the electrical department at St. Bartholomew's Hospital. He was a frequent contributor to medical literature. Dr. James Henry Bennet was born in 1816. He studied at Guy's Hospital, but soon left to become apprentice to his uncle, Mr. Osmond Taberer, in Derbyshire. He studied in Paris, afterwards practised in London, and subsequently in Mentone. He published several works. He became a Fellow of the Society in 1873. Edward Overman Day died August 4th, 1891, at the age of thirty-nine. He studied at Guy's Hospital, and was assistant surgeon and administrator of anæsthetics to the Royal Hospital for Children and Women, Waterloo-bridge-road. Four of our ten foreign honorary Fellows have died during the year: Professor Benjamin Fordyce Barker of New York, Professor Carl Braun von Fernwald of Vienna, Professor Scanzoni von Lichtenfels of Würzburg, and Professor Theodor Hugenberger of Moscow. [A long and interesting account of the work of each of these honorary Fellows was given.] The annual volume recording the scientific work of the Society will presently be in your hands, to speak for itself. Dr. Herbert Spencer's admirable and beautifully illustrated paper on Visceral Hæmorrhages in Stillborn Children is alone sufficient to justify the opinion that the present volume will be found to possess exceptional scientific value. In conclusion, I have to thank the honorary secretaries, and especially Mr. Alban Doran, the senior secretary, for the great assistance which they have rendered me in the discharge of my duties as President."

The usual votes of thanks to the President and the retiring Vice-Presidents and the other retiring members of council were passed. A vote of thanks was proposed to the retiring honorary secretary, Mr. Alban Doran, special mention being made of the extra work he had been called upon to do owing to the illness of the librarian, Mr. Savage.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.

FRIDAY, FEB. 5TH (CLINICAL EVENING).

Dr. PRIOR PURVIS, Treasurer, in the chair.

Ainhum.—Mr. JOHNSON SMITH, F.R.C.S., showed a case of Ainhum. The patient was a tall, muscular negro, aged thirty-eight, from Jamaica, who had been a sailor for eighteen years. Ten months ago he first complained of pain in the little toe of the right foot, and he noticed a slight constriction on the under surface; this has increased very much in depth, and extended to the upper surface. There is now a very deep constriction on the plantar and inner surfaces of the toe, corresponding to the middle of the first phalanx, and this groove is continuous with a shallow one on the dorsum. The distal portion of the toe is swollen. None of the other toes in either foot are similarly affected. There is much pain in the affected toe, which prevents the patient from sleeping at night.

Dr. EZARD showed a child seventeen months old, with a Sessile Papilloma on the under surface of the tongue, in the middle line, of the size of a threepenny-piece.

Dr. DOCKRELL showed cases of Lupus, Erythematous Leucoderma, Alopecia Areata, and a case of Mixed (diffuse and circumscribed) Scleroderma.

Mr. PURVIS, B.Sc., showed a specimen, of Multiple Abscess of Lung from a child aged three years, following measles and otitis media; and a specimen of Hypertrophied Heart (weight 16 oz.), with pericarditis and mitral disease.

Dr. FULLERTON showed specimens, with microscopical sections, of Carcinoma (cylindrical celled), of Pleura, Peritoneum, and Ovaries from a patient who died five months after the first symptoms appeared.

CLONMEL WATERWORKS.—The Clonmel Corporation have arranged to have constructed waterworks for the town at an estimated cost of £14,437.

Notices of Books.

Medical Notes and Essays. II. Influenza. By Sir PETER EADE, M.D. Lond., F.R.C.P. London and Norwich: Jarrold and Sons. 1891.—A few years ago the writer of these Notes and Essays published his experiences on diphtheria in a little volume, which gave a clear insight into the prevalence and propagation of that disease in country districts. He now has issued this "second fasciculus" of his Notes and Essays to enlighten us as to influenza in East Anglia, and the papers he has collected are well worthy perusal. It is valuable to have the opinion of so observant a practitioner as to the contagiousness of the affection, and, whilst admitting this to be proved, he yet thinks that it is also propagated by aerial infection. Nevertheless, he says that the intense contagiousness which the extremely rapid spread of epidemics implies is not borne out by the history of the disease in various public institutions; "whilst the fact that stands out most prominently in the records is the comparatively small proportion of the inmates attacked, and that even those brought into close contact with each other, or sleeping in contiguous beds, by no means *necessarily* became infected by their sick neighbours" (p. 10). The author's recollections carry him back to the great epidemic of 1847–48—a fact that lends great interest to his observations of the outbreak of 1890–91, with which he here chiefly deals. In succinct manner he describes the leading features of the attacks, and of much value are his observations on the more or less remote sequelæ (p. 17), in which nervous affections play a large part. He does not think that influenza *per se* has been so fatal during this epidemic as on previous occasions, but draws attention to the severity and fatality of the pulmonary complications. His remarks on treatment are judicious and pointed. He reproduces a note published in these columns (March 16th, 1878) on a limited epidemic of influenza in East Anglia in 1878, as well as his paper (THE LANCET, Feb. 1st, 1890) on "Influenza in East Anglia in 1890," and one on "Influenza in 1891" read at the Bournemouth meeting of the British Medical Association. Of considerable value are the records he furnishes of influenza in public institutions and the notes of cases observed in his practice.

New Fragments. By JOHN TYNDALL, F.R.S. London: Longmans, Green, and Co. 1892.—Professor Tyndall possesses in an eminent degree the faculty of writing readable books, and this latest product of his pen will sustain the reputation in this respect that he has long enjoyed. As an interpreter of scientific doctrine to a popular audience there is probably no writer of the English language at the present day who can surpass him; and it is no small part of his merit that the topics which he selects for discussion are such as "come home" to every-day men and women. Hence the distinguished position which he holds in popular esteem—a position which would alone create in his behalf a title to recognition by all who desire the spread of scientific knowledge and the diffusion of scientific sympathies and modes of thought. But Professor Tyndall has still higher claims to recognition, in the fact that he turns this position to excellent account, and is not less judicious in selecting his material wisely than successful in exhibiting it in a fascinating manner. This happy combination of qualities is well illustrated by two papers in the present collection of articles—those, namely, on Louis Pasteur, and on the Origin, Propagation, and Prevention of Phthisis. These both treat of subjects that have been much discussed of late, and the reverberations of controversies not yet extinct may be discovered easily enough in Professor Tyndall's discourse. It is not, however, as a controversialist that he

comes before his readers, but rather as the reaper of ripe doctrine, who places the results of his labour at his readers' disposal, and leaves for subsequent harvesting the points which have yet to be matured by further discussion. The lurking dangers of such an operation are, on the one hand, that the writer may mistake his own views for the approved doctrine, and, on the other, that he may induce his readers to substitute a little knowledge for a wise reliance upon the opinion of those who know better. But these papers will not incur any such reproach. The paper on Pasteur is, indeed, largely biographical, and the references to the spontaneous generation theory are not likely to provoke contradiction. But the formal subject of the paper upon phthisis presents many perils. The paper, however, hardly corresponds to its title. The origin and prevention of phthisis are not effectively discussed, unless, indeed, by prevention is to be understood the avoidance of such methods of disposing of the sputum as confessedly conduce to the dissemination of its desiccated residue in the form of dust through the atmosphere. To enforce this lesson is, indeed, the motive and burden of the essay, and very effectively it is enforced. Such a lesson can hardly be misunderstood, and the author of the paper may be congratulated on having made an important contribution to the formation of a sound public opinion upon this eminently vital subject. The remaining papers are very diverse, not only in respect of the subjects treated, but also in respect of the classes of readers to which they will appeal. In some, as noticeably in the paper on Life in the Alps, there are marks of haste and some carelessness, but upon the whole this volume is fitted to add to the reputation even of its distinguished author.

Ambulance Handbook on the Principles of First Aid to the Injured. By GEORGE THOS. BEATSON, B.A. Cantab., M.D. Edin., Assistant Surgeon to the Western Infirmary, Glasgow, and Assistant to the Regius Professor of Surgery in the University of Glasgow. Glasgow: St. Andrew's Ambulance Association. 1891.—This work mainly differs from the several handbooks already published in the fact of the various subjects being treated at greater length and in a more interesting way than is usually done. The book contains the gist of the lectures its author was in the habit of delivering at one time for the Association. The plan adopted is to give a short account of the anatomy and physiology of each set of organs or systems in the body, and immediately afterwards to treat of their affections and injuries with the appropriate first aid. The book is liberally illustrated, many of the illustrations having been expressly prepared for it, while others have been taken from recognised works on anatomy, physiology, and surgery. The subjects are clearly and fully discussed, technical and medical terms being avoided as far as possible, so as to afford the reader an intelligent knowledge of how to act in the emergencies of every-day life. It is really much more difficult to write a good, judicious book of this kind than is commonly supposed; but we think the author has succeeded, and as any profits arising from its sale are to be devoted to the objects of the St. Andrew's Ambulance Association, we hope it may reap some pecuniary advantage from the publication. We may at the same time briefly allude to the general work of the Association itself. From its report for the year from June 1st, 1890, to May 31st, 1891, we gather that it has twenty-seven centres, that 135 classes and 4180 pupils have been trained during the year, and that the total number of patients conveyed in waggons since the formation of the Association has been upwards of 10,000. The waggons (fourteen in number) are at the call of any person, by day or night, free of all cost and responsibility, and in the principal centres they are in charge of a trained attendant. A total of 34,486 pupils have been trained at this Association since its formation in 1882.

The Age of the Domestic Animals: being a Complete Treatise on the Dentition of the Horse, Ox, Sheep, Hog, and Pig. By R. S. HUIDEKOPER, M.D. Philadelphia: F. A. Davis. 1891.—Some of the domesticated animals hold such a high place in our social economy, that everything pertaining to them nowadays receives close attention and study. The means whereby their age can be told with something like certainty, has for many years been a subject that has been dealt with by veterinarians and others, in this country and abroad, in books and pamphlets, so that its literature is somewhat extensive. The latest addition to the list is perhaps the most complete and reliable guide yet presented; as Dr. Huidekoper (who is a professor in the American Veterinary College, New York) has largely availed himself of information contained in the works of other writers, and, with what his own experience and observation have endowed him, has produced a treatise that is likely to be accepted as a standard book of reference for some time to come. The age of the animals enumerated is judged by their dentition, the horns of the ox—when it has any—being also considered indicative of the number of years; those of the sheep are not so valuable in this respect. Of course, a knowledge of the age of the horse is of far more importance than is the case with the other animals; as from its earliest days up to its latest it is necessary in all breeds, but more especially in the higher bred and most valuable, to be able to give an opinion as to how old it is; and, fortunately, domestication and civilisation have had less effect on the teeth of the horse than they have had on those of the ox, but more especially those of the sheep and pig. So that from a few months old, up to twenty, twenty-five, or even thirty years of age, its teeth tell a tale with more or less fidelity, but with most reliability up to ten or twelve years. The ox comes next, but it is not allowed to live so long. Then comes the ovine race, still shorter lived, and, owing to the precocity of the finer breeds, the teeth are not such a good criterion of age. The age of the pig is not of much importance, as it goes to the butcher early, and a knowledge of its dentition is only essential in exhibitions, where the judges have to determine how old the exhibits are. But in none of the domesticated animals are the teeth less reliable; for high breeding has exercised a wonderful influence in the early development of the teeth, and disputes as to age have, in consequence, been more frequent with this species than any other. The author's descriptions of the teeth and their development at different periods are good, and we believe accurate, and their value is much enhanced by numerous woodcuts, which show the result of growth and wear year by year. A concluding chapter on the teeth of man as an evidence of age, concludes a very instructive and useful book, which we feel certain will be appreciated by veterinary surgeons, anatomists, and agriculturists.

An Index of Diseases and their Treatment. By THOMAS HAWKES TANNER, M.D., F.L.S. Fourth Edition, revised by PERCY BOULTON, M.D., M.R.C.P. Lond. London: Henry Renshaw. 1891.—This book, which in its earlier editions enjoyed great popularity, has been thoroughly revised and brought up to date by Dr. Percy Boulton, who has certainly bestowed much pains on the task. It is no easy matter to condense the leading facts of diseases and their treatment within a small compass such as this, and yet the amount of information, particularly as regards treatment, is in excess of what is to be found in many a more ambitious work. Indeed, the chief value of the "Index" rests in the therapeutic hints, which may prove of great service to the practitioner, aiding his resources in times of doubt and difficulty. The very extensive appendix of formulæ, with which are included hints as to climate

and baths, constitute a marked feature of a book which is thoroughly practical and reliable.

An Introduction to Chemical Theory. By ALEXANDER SCOTT, M.A., D.Sc. London and Edinburgh: Adam and Charles Black.—An excellent little manual this, and one admirably fitted to serve as a companion to the practical study of the science. It has long been a moot question amongst teachers as to whether it is better or not to discuss the theoretical portion of chemistry before practical work is entered upon. As a rule the chapters devoted to theory in the average text-book are but few, and this subject in consequence seldom receives the attention it demands. Dr. Scott hopes that this small book may to some extent make up for this defect, and lead, on the part of those using it, to the desire for more knowledge of this most interesting branch of the science. The object for which the book was written is therefore a worthy one, and the subject matter is dealt with in such a way that there is every chance of the hope being realised, if only the work is placed in the hands of the intelligent student.

Dictionary of National Biography. Vol. XXIX. (Inglis—John). London: Smith, Elder, and Co.—The new volume of this excellent dictionary is marked by the care with which each of the biographies it contains has been dealt with by those authors to whom they have been entrusted, and by the manifestly judicious manner in which each subject has been proportioned. The usefulness, fulness, and general accuracy of this work become more and more apparent as its progress continues. It is a classic work of reference as such, without any compeer in English or perhaps in any other language. It is impossible to go through the contents of this volume without being impressed by its intrinsic qualifications in this respect. It affords an almost complete history of Scotland during the period of the Jameses, and the articles on James I. and James II. of England amply repay perusal. Amongst literary men we may note the name of Francis Jeffrey with the history of the initiation of the *Edinburgh Review*, and a very wise criticism of this autocrat of critics. *Apropos* of the episode at Chalk Farm, when Jeffrey and Moore met in mortal combat, which has been immortalised in "English Bards and Scotch Reviewers," the editor states that Lord Byron has "erroneously given the 'leadless pistol' to Moore." This is not accurate. The kilted Caledonian goddess who presided over the destinies of Jeffrey—

> "From either pistol snatched the vengeful lead,
> And straight restored it to her favourite's head."

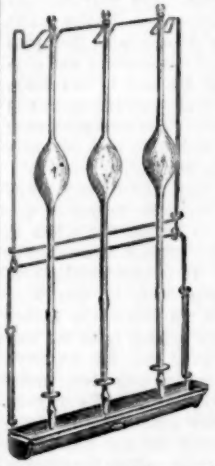
In the footnote relating to the incident, Byron says that when the weapons were examined "the balls of the pistols, like the courage of the combatants, were found to have evaporated." And again, towards the end of the poem, he declares that he had ceased to be alarmed "by Jeffrey's harmless pistol." In the light of these extracts an explanation of giving the "leadless pistol" to Moore might prove acceptable. The life and struggles and work of Douglas Jerrold afford interesting matter for consideration, and a valuable stimulus to those who would penetrate into the literature of that interesting period. A sketch of Jerrold's accomplished son is also given, along with a list of the works which came from his pen. Among the medical worthies, the name of Edward Jenner, discoverer of vaccination (1749–1823), is the first that occurs on opening this volume, and the outstanding facts of his life and works are compiled with judicious care by Dr. Norman Moore. Sir Paul Jodrell, M.D., and Dr. John Jebb (1736–1786), Sir Richard and Samuel Jebb, are also noted in the present volume. A good biographical description is given of Dr. Robert James, the author of a theory of fever and its treatment. His treatment consisted in administering the famous powder which still bears his name, and for which he took out a patent in the year 1746. Its constituents were phosphate of lime and oxide of antimony, resembling the antimony powder of the present B.P. This is the powder which is reputed to have killed Goldsmith. It is historical also in having been prescribed for George III. in 1788. It was Dr. James of whom Dr. Samuel Johnson said, "No man brings more mind to his profession. Dr. Robert Jackson, Inspector-General of Hospitals, who was famous in many ways, has an interesting notice in this volume. He manifested his contempt for the monopolists of the Army Medical Service of his period and for the corrupt administration of the old Army Medical Board by applying his gold-headed cane forcibly to the shoulders of his superior officer, an offence against discipline for which he suffered six months' imprisonment. Notwithstanding this, however, he afterwards became Medical Director in the West Indies and Inspector-General of Army Hospitals. The amount of interesting anecdote and history contained in the work, the evidences of deep and untiring research in its preparation, are so great and so many that the brief notice which our space permits does but scant justice to the labours of those who are responsible for its success.

Repetitorium der Chemie. Von Dr. CARL ARNOLD. Hamburg und Leipzig: Leopold Voss.—A text-book of this kind in our own language would be eminently useful to students of medicine. It deals with both inorganic and organic chemistry in a compass of not more than an inch between the covers, without sacrificing any material that is essential. The index is in its way a lexicon; it consists of no less than fifty out of a total of 612 pages, and is certainly most complete.

New Inventions.

REYNOLDS' "ENEMA RACK."

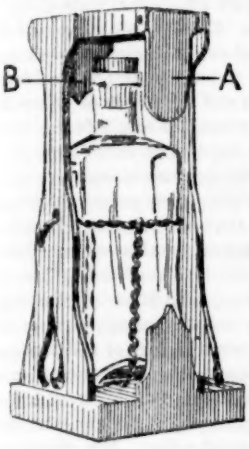
MESSRS. REYNOLDS AND BRANSON of Leeds have sent us one of their new racks, not made for the storage of enemata, as might be supposed from the name, but for the better care of the syringes usually employed for the purpose of administering them. It is adapted for the ordinary ball rubber syringes, which are suspended on it at full length, and any fluid which drips from them is received in a trough below. The racks are adjustable in length by a slide, and fold up for portability. The cost is small, and the advantages to be obtained from their use considerable—especially in hospitals, where so many syringes, either for the administration of enemata or for dressing of wounds, are required. They could easily be fitted with a cover to keep off the dust.



POISON BOTTLE-STAND.

THE problem of enclosing poisons in such a manner that they cannot in any circumstances be administered in mistake for harmless drugs is one that has from time to time exercised the ingenuity of many inventive minds.

Mr. Z. Mennell, M.R.C.S., is the latest solver of the problem, whose poison bottle-holder is illustrated in the accompanying sketch. His plan is to provide a simple wooden frame, within which the bottle for containing poison swings in a sort of sling made of twisted wire. The bottle, when in position, as shown in the drawing, is prevented from swinging round so as to render its contents accessible, even if the frame be tilted on one side, by the two stops marked A and B in the drawing—one being placed on the front and the other on the back of the frame, in such positions that the neck of the bottle cannot pass them in either direction. It is therefore impossible for the bottle to be taken up and its contents poured out in mistake. But if it be desired this latter procedure is easily accomplished, for the stop marked A is not rigidly fixed, but is hinged to the frame at its upper part; and although the hinge does not permit it to open outward, it does allow of its being closed up against and underneath the top of the frame by the mere pressure of the finger or thumb. The stop can thus be put out of action, and the bottle swung round to be uncorked or withdrawn. When replaced in its sling, or permitted to swing to rest, the bottle automatically assumes the position shown in the drawing, and of course the hinged stop A offers no obstacle to the swinging in of the bottle neck; although by falling into the position shown as soon as the bottle mouth has passed, it automatically blocks the return, and locks the bottle in its position of safety. The stop shown in the front of the drawing at the foot of the holder is a counterpart of the stop B. The holder is simple, efficient, and inexpensive. It is made in various sizes, and can be used with bottles of the most various shapes. Its designer has very happily avoided the faults of insufficient protection on the one hand, and of over-elaboration on the other. Its use would, in our opinion, be well calculated to prevent the very serious mistakes against which it is intended to provide.



NASAL SCISSORS.

I WAS surprised that scissors such as those shown in the accompanying illustration were not to be obtained of the London instrument makers—at least Messrs. Arnold and Son inquired for me, but could not hear of any having been made. They resemble the ordinary crocodile nasal forceps, but have scissor instead of forceps blades. A glance at the illustration will at once explain their structure and action. They are of use in the division of adhesions across the nasal chambers, in the removal of localised hypertrophies, and in many other intra-nasal operations. They are made by Messrs. Arnold and Son, West Smithfield.

W. J. WALSHAM.

VAPORISING KETTLE TUBE.

MR. ELLIS of Neasden has patented a tube which he claims to be capable of affixing to any ordinary kettle at a moment's notice, thereby converting it into a vapour distributor. It is simple and cheap, and in district nursing it will be found most useful in some pulmonary complaints. The apparatus cannot get out of order, is not cumbersome, and is within the reach of everybody.

CLARKE'S "FAIRY" COMBINATION LAMP.

CLARKE'S "Fairy" Combination Lamp and Food Warmer will be found very useful in the sick room. It is fitted up in a light and elegant frame, in which is placed one of Clarke's "Fairy" lights, set in a glass vessel and protected by a glass shade. The water is soon heated, and maintained at an almost uniform temperature. The little earthenware pan is then placed in the warm water, and its contents are thus kept hot by moist heat. Moreover, where a moist atmosphere is required in the neighbourhood of the patient the food pan can be replaced in the water by an inhaler. Its lightness and compactness, together with its general usefulness, will cause it to be much prized by medical men, by nurses, and by the general public in times when its employment is called for.

SCARLET FEVER IN PUBLIC CONVEYANCES.—An employé of the Manchester, Sheffield, and Lincolnshire Railway Company was fined five shillings for conveying in a railway carriage the dead body of a child who had died of scarlet fever, without having properly notified the fact to the railway company. The magistrates commented on the danger to the public of such a practice.

ANATOMICAL SOCIETY OF GREAT BRITAIN AND IRELAND.—The second quarterly meeting of the session will be held on Monday, Feb. 22nd, at 4 30 P.M., at the library of St. Thomas's Hospital Medical School, Albert Embankment, S.E., Professor W. Turner, F.R.S., in the chair. Papers will be read by Professor Sir W. Turner, on "The Cerebral Hemispheres of Ornithorhynchus Paradoxus;" Professor Sherington, "Note on the Nerve Supply of the Hind Limb of Macacus Rhœsus"; Mr. David Hepburn, "Note on an Abnormal Condition of the Shoulder-joint"; Mr. F. G. Parsons, "Some Points in the Myology of Rodents"; Mr. J. Bland Sutton, "Sections of the 'Velvet' from Stags' Antlers, showing Sebaceous Glands"; Professor W. Anderson, "On the Delimitation of the Regions of the Abdomen"; Mr. F. C. Abbott, (*a*) "A Right Aortic Arch, with Abnormal Arrangement of the Vessels; (*b*) Pulmonary Valve with Four Cusps."

THE LANCET.

LONDON: SATURDAY, FEBRUARY 13, 1892.

THE manner in which the teachings of experience are found to harmonise with newly made scientific observations and the doctrines that are based on them has seldom been more convincingly illustrated than in the series of papers which we have recently published from the pen of Dr. G. SIMS WOODHEAD. These papers contain the latest information concerning investigations upon the intimate working of the organism in reference more particularly to its powers of reaction against disease and injury. We have in them the declaration of principles which carry forward the great generalisation of "cellular" pathology to a point not dreamt of when the principles of that doctrine were first enunciated, for owing to the marvellous insight into morbific agencies gained by the developments of bacteriology the whole aspect of pathology has been changed since VIRCHOW first showed the importance of regarding cell life as the basis of all morbid change. It is of course quite possible that to phagocytosis, which now holds the field, may be attributed a higher function than it can rightly claim; but it must be confessed that a process which has been shown to operate throughout the animal kingdom, which is in point of fact the attribute of the primal protoplasm from which all animal life proceeds, must play a great part in the human economy. It is concerned with normal as well as with perverted function, and it is a conception which may be applied to boundless extent in either of these directions. Moreover, as Dr. WOODHEAD especially showed, the doctrine, supported by so many laboratory observations, has a direct and important bearing upon the art of healing. No one can rise from the perusal of these papers without feeling vastly enlightened as to some of the most familiar facts of disease, for which heretofore no satisfactory explanation has been afforded.

It was time that attention should be turned to the powers of the organism to resist the inroads of disease. We have been surfeited with bacteriological discoveries, and these have followed so quickly one upon another, that there has been a tendency to regard them as in themselves solving the problems of pathology; whereas the fact has been that these discoveries have only added to the mysteries yet to be unfolded; and the study of the effects of bacterial action upon the infected organism, as well as of the nature of the resistance afforded by the latter to the inroads of the zymotic agents, has accordingly become a necessity. The behaviour of leucocytes to foreign matter in contact with them, which is strictly analogous to the properties possessed by the protoplasmic amœba, and the part thereby played by these elements in the removal of dead or useless parts, has led almost imperceptibly to the wider conception of their antagonism to noxious agents introduced from without. But the reason why they exercise this protective power, and the conditions necessary for them to evince it to the full, are problems still *sub judice*, which will require very careful and detailed consideration. Naturally, much of the argument is at the present stage hypothetical, and that there is room for alternative theories is made evident in Dr. WOODHEAD'S articles. The facts of inflammation and repair can, however, be shown to harmonise precisely with the theory (as it must, we suppose, still be provisionally termed) of phagocytosis; and the causes of failure to overcome the intruding agents must be sought in the lack of the necessary stimulation required to evoke the latent properties of the cells, or in the presence of some powerful depressing influence which inhibits their powers of action. A point of much interest is that of erysipelas, where the inflammatory zone, in which the migrant leucocytes destroy the streptococci, does not overtake the advancing line of the latter; and the practical suggestion to excite inflammatory reaction in front of the invading organisms so as to check their progress has, we are told, been of real service. Herein we have a direct therapeutical gain deduced from a single observation in the laboratory. It is, however, in its bearings upon the general principles of surgery that the new teaching appears of special value. We commend the powerful testimony adduced by Dr. WOODHEAD in regard to the utility of absolute antisepticism in surgery, and the cognate matters of practical detail, to the earnest attention of all surgeons. At the same time, he does well to remind us that the dangers of sepsis are not limited to external contamination, and that lowered states of vitality, which impair the power of resistance to the invasion of organisms from the mucous channels or an imperfect state of the excretory functions may render the body vulnerable from another side.

It must be especially gratifying to Professor VIRCHOW to note how the pendulum of modern research is swinging back to the position indicated by his labours a generation ago in the recognition of the paramount share taken by the connective-tissue cells in the formation of new tissue and in metabolism. The leucocyte, according to present day teaching, has a great part to play in the protection of the organism from invasion of foreign material and in its removal from the body; but beyond that it has comparatively little else to do. It, as it were, clears the ground for the fresh formative processes which spring out of proliferation of the fixed cells and are intended to repair the injury caused by the elements that have been got rid of by means of inflammation and suppuration. It will have been observed that from the consideration of phagocytosis and all it implies, Dr. WOODHEAD passed on to allude to some of the practical results accruing from researches upon blood coagulation, and on the functions of the nervous system. These have their place—a very notable one—in modern science and practice; but undoubtedly the greatest achievements are those which formed the groundwork of his papers, since it is through them that we are enabled not only to afford satisfactory explanations of the pathology of infective diseases, but also to discover the most rational methods of coping with them.

"INSTINCTIVE Criminality, its True Character and Rational Treatment," is the expanded title of a paper read by Dr. S. A. K. STRAHAN, barrister-at-law, before

the Anthropological Section of the British Association at Cardiff, under the presidency of Professor MAX MÜLLER, on Aug. 25th, 1891. It has since been published in pamphlet form, with prefatory note and appendix, giving cases illustrative of the remarks contained in the text. The opening sentences of the former give a good insight into the object of the writer in bringing this subject forward. "It is so much easier to 'let well alone' than to undergo all the worry and turmoil of reorganisation, that not infrequently ill also is left alone long after it has been recognised as such, not so much from any desire to perpetuate evil or do injustice as from the apathy engendered by the natural desire for 'a quiet life.'" The author proceeds to remark how liable reformers are to ridicule, and even to abuse; and this being so, "it follows that when a proposal embodying sweeping and radical changes in principles which have gone unquestioned for centuries is received with respectful attention and critical consideration, the promoter thereof is justified in assuming that his proposal is timely, and that the public feel some change to be necessary in the direction in which he has pointed." This is the pleasing position in which the author tells us he finds himself, his suggestions as to the proper and different treatment of habitual criminals from that to which they are now subjected having been well received. Dr. STRAHAN undoubtedly deserves much credit for having attempted to put together facts which have been painfully prominent of late, and for making suggestions which must have occurred to those who give a thought sometimes to that other half of the world of which the one half knows so little. It is really lamentable to think how apathetic the public have become to the reports of women being brought before the magistrate for the two-hundredth time, and of both men and women spending a considerable proportion of their lives in prison and in penal servitude. All honour to those who try to remove this apathy; but caution is needed to avoid the opposite extreme.

In his definition of "instinctive criminals," Dr. STRAHAN omits those whose crime has arisen from passion, poverty, or temptation, or even resulted from bad example and associations alone. In the term he only comprises those individuals who take to anti-social ways by instinct or nature, and who murder, steal, lie, and cheat, not because they are impelled to do so by force of adverse circumstances, but "because they are drawn to such a course by an instinct which is born in them, which is too strong to be resisted by their weak volitional power had they the desire to resist, which they have not." There is some truth in this, and for want of an English word the Yankee expression "cussedness" might be suggested. But when Dr. STRAHAN gives this class as comprising "fully two-thirds of our whole criminal population, including offenders of all grades, from the murderer down to the petty thief," we must take exception to this as an exaggeration. Probably 5 per cent. would be a nearer approach to the truth. Still more must objection be taken to the next statement, "To this class also belongs a still larger proportion of prostitutes and habitual drunkards, who, although not criminals in the eye of the law, are anti-social in their instincts. The prostitute ranks with the petty offender of the male sex, she bears all the well marked signs of degeneration found in male thieves, swindlers, and vagabonds, and her existence accounts to a certain extent for the large excess of male over female criminals. It is common in degenerate families to find that while the sons take to crime the daughters take to prostitution." How incorrect this is must be obvious to all who have to deal with prostitutes and habitual drunkards. Among the former vanity, love of dress and idleness are the causes of their fall more than any instinctive criminality, which will only account for a very small proportion. There is an instinctive desire to penetrate mysteries which lead many to their ruin, but it is not this to which the author alludes. With regard to habitual drunkards many of them have lived up to adult or even middle life in perfect sobriety and free from any criminal instinct. Many owe it to the circumstances in which they live and their surroundings. It is much more probable that two-thirds or more of prostitutes and drunkards owe their unhappy position to these causes than to any anti-social instincts. The daily experience of those medical practitioners whose practice has brought them in contact with the poor, or even the criminal classes, has shown them that even the most hardened criminal has his better nature, which will show itself at times. And the object of all laws and penalties must be to teach people to strive with their worse nature and to overcome it. To make pets of criminals in the manner so graphically described by the late CHARLES DICKENS in "David Copperfield," to have the Uriah Heaps and Littimers made interesting subjects of study to admiring visitors is a sure way of keeping them in their criminal career.

Now, as regards insanity, which Dr. STRAHAN declares to prevail very highly among criminals, even to the extent of being forty times that of the average citizen, it is true that prison life favours this unless carefully watched, and the more highly strung organisations are subject to it rather than the dull, instinctive criminal. Besides, this fact, which must be well known to the classes whence "gaol-birds" are derived, ought to be an additional deterrent, which it does not appear to be. To risk losing one's reason as well as one's liberty for some paltry temporary gain ought to act more powerfully than a dread of the "cat."

Suicide is next advanced by the author as a symptom of family degeneration as positive and grave as insanity itself. He shows by careful calculations that suicide is more than ten times as common among our local prison population than among the general population, and nearly five times more common among the inmates of our prisons than among the inmates of our lunatic asylums. Proceeding further, he finds that suicide is about twenty-four times more commonly a cause of death among those who die in our prisons than among those who die outside them. "Could anything speak more eloquently of the wretchedly low level at which the inmates of our prisons have arrived. Weak and ill-developed in body and mind, they are unable to contend successfully against their fellows for an existence, and instinctively they fly for relief to 'nature's cure.'" But is not this opposed to history and fact? In pagan times, and where the pagan spirit now lives, suicide was the refuge, and still is, of men of more than average brain power. The "low, cunning man" is

not the one usually found to commit suicide. Many of the suicides occur from misadventure in malingerers.

Passing on to the physical side of the criminal classes, Dr. STRAHAN remarks that all who have examined the inmates of our prisons and penal establishments agree that they represent a decaying race. "It must be admitted, then, that the criminal, as met with in our prisons, is a degenerate and morbid specimen of the human family." Granted; but is this a special mark of instinctive criminals? All sin destroys. Out of prison we have deaths from "excessive drinking," from "natural disease aggravated or accelerated by drink," from "delirium tremens"—from a host of secondary causes where drink is the primary one. Again, though syphilis is seldom the immediate cause of death, it is the primary cause in many more cases than is generally known, and this quite apart from gaols or criminals. This summary view of all criminals is an assumption, and contrary to fact, since it assumes that all are instinctive criminals.

The physical description of the criminal is thus given by the author. "The criminal is very closely related to the insane, especially the congenital insane, and personally he bears a strong family likeness to his near relative the idiot. In the criminal we find small, over-large, and ill-shapen heads, paralyses, squints, asymmetrical faces; deformed, shrunken, ill-developed bodies, abnormal conditions of the genital organs, large heavy jaws, outstanding ears, and a restless, animal-like or brutal expression, all of which are common characters amongst the inmates of our idiot and imbecile asylums; and as there is no beauty to be found among the inmates of such asylums, neither is there any to be discovered in our prisons, proving how well founded is that instinctive feeling of repulsion excited by the sight of the ill-favoured and deformed." All this is true of instinctive, but not of criminals in general, and yet the description is made to apply to all criminals.

It is only natural that the author should dwell upon the subject of hereditary influence, the drunkenness of parents, as the cause of crime in the children, &c. But this applies to all. Who can tell its limits? Pushed to its logical conclusion it makes everyone irresponsible. Passing on to the important question of treatment, Dr. STRAHAN first shows how very small a deterrent effect prison treatment has upon offenders. Of a total of 150,559 prisoners received into local prisons during the year ending March 31st, 1891, no less than 58·57 per cent. had been convicted before; 26·78 per cent. had been three times previously convicted, while a percentage of 15·32 had lists of previous convictions varying from eight to two hundred. "The system of treatment which," he says, "I would propose should take the place of the present would be prolonged incarceration upon an indefinite sentence in an industrial penitentiary. Every judge of assize, recorder, and stipendiary magistrate should be empowered when he thought fit to send any person convicted before his court to an indefinite term of incarceration in such penitentiary, provided at least three previous convictions could be proved. In this institution the plank bed and solitary confinement would be unknown. In the place of such treatment every effort would be made to improve the criminal so far as possible morally, physically, and intellectually, and from this place he would be set free on parole, only when it was thought that his anti social instincts had become sufficiently blunted to enable him to mix with society with safety.' There is much common sense in this. Many of the unfortunate women who have been convicted of drunkenness and riotous or disorderly behaviour, including window smashing for the hundredth time, are women whose only real home is the gaol. Taken from their wretched haunts, compelled to live a sober and comparatively healthy life for the short—too short—term of imprisonment, their health improves, and they leave in a better state than they entered, only to return to their old habits. The same remark applies in a modified form to the older and more hardened prostitutes and to many men of the thieving classes. Dr. STRAHAN'S conclusions are good, though not based upon entirely correct premisses. Starting with "instinctive criminals," he passes on to include all prisoners. The degeneration of the individual once having the *mens sana in corpore sano* is entirely neglected and assumed to be the result of heredity. The omission of the corrupting influences of vice on healthy organisations—in fact, a devolution of the race—is necessitated by the natural desire to make out a case. For "practical politics" the fact is sufficiently glaring, and calls loudly for amendment—viz, that "incorrigibles" should be kept for considerable periods in "industrial homes." There are many other points of interest in Dr. STRAHAN'S paper which have been of necessity passed over or briefly noticed, but the more important have been dealt with. The instinctive heredity theory and many side issues, which are all open to question, are not necessary for the treatment suggested.

SPRING is not only the most trying season to health at home, but it is the time of the year for which it is difficult to select any perfectly unobjectionable sanatorium. We have summer and autumn resorts which leave little to be desired, and the list of admirable winter sanatoria, fulfilling the most various and diversified indications, is a very long one, and is constantly increasing. But spring remains the intractable season, and the reason is not difficult to assign. The reason is that at this time the hot stations well to the south, such as Egypt, Algeria, and Morocco, become too warm for comfort, while it is yet too early for the invalid to contemplate a return home. Under these circumstances we should naturally turn to those sanatoria which are intermediate in situation between Africa and the British Islands; such resorts, namely, as those on the northern shore of the Mediterranean—the Riviera, Castellamare, Sorrento, Malaga; or some of the Mediterranean islands, especially Sicily and Corsica; or such resorts as Pau, Arcachon, or Biarritz. Unfortunately none of these resorts is altogether unobjectionable in such months as April and May, though much depends upon season; and a beautiful spring, comparative freedom from cutting winds, and sudden fluctuations of temperature may occasionally be experienced at some of the places indicated, but such good fortune cannot be reckoned upon with any confidence. In fact, throughout Europe spring is a changeful and treacherous season. The reason would appear to be that at this season the westerly wind currents from the Atlantic, which dominate the climate of

Western Europe during the greater part of the year, give way to a downflow of dry and cold winds from the bleak plateaus of Central Asia. Hence, mildness equability and calm, which characterise so many favourite resorts during a large part of the winter, are hardly to be expected during spring.

These remarks apply with full force to the Mediterranean basin, around which are grouped not only so many places famous in history, but so many of our most popular and valuable health resorts. The spring climate of the Mediterranean is characterised generally by high winds, sudden gales, and irregular fluctuations of temperature. In addition to the considerations adduced above, the Mediterranean probably owes the changefulness of its climate in spring in no small measure to the fact that at this season the sirocco begins to blow, and comes in conflict with the westerly Atlantic winds and the cold easterly and north-easterly winds from Central Asia. With this conflict of winds from various quarters, differing as they do so much not only in temperature but in hygrometric condition, and all converging on the Mediterranean basin, it is not surprising that sudden storms and rapid changes should be frequent.

The spring winds prevalent on the Riviera are well known to constitute the most serious drawback to that delightful region. The most obnoxious of these is the too familiar mistral—a cold and dry north-west wind, of which the old rhyme says, not untruly:

> "Le Parlement, le mistral, et la Durance
> Sont les trois fléaux de la Provence."

The mistral blows off and on during the winter, but not frequently and with only moderate force; but as spring draws on, its visitations become more frequent and it blows with greatly increasing violence. March is usually the worst month. This wind generally blows for two or three or more days consecutively, falling at sundown and rising again the following forenoon. It is of a very parching character and is often accompanied by bright clear skies. The mistral is mostly felt in the western Riviera, and gets milder as we go east. It is very severe at Marseilles and Hyères, serious at Cannes and Nice, much less felt at Mentone and San Remo, and comparatively insignificant at the east of these points. The east wind on the Riviera is less frequent and less violent during spring than the mistral. The north-east wind is one of the great drawbacks of the climate of Genoa. The sirocco is the rain-bearing wind of this region, and is comparatively common in spring. Its depressing and debilitating effects are well known.

Of the places which we have enumerated as intermediate between Africa and the home country, there are several that possess a more stable spring climate and one less vexed by troublesome winds than the Riviera. Such is Malaga, which possesses one of the best climates in Europe, but is, unfortunately, a dull place, with few attractions for invalids; such is Ajaccio, a resort still comparatively undeveloped, but with many great advantages, and with probably a future before it; such is Arcachon, one of the best of the mildly sedative resorts. These sanatoria have not only great merits as winter resorts, but are worthy of special attention as refuges from the disagreeable features characteristic of so many other places during spring. Malaga and Arcachon are old favourites and well known, Ajaccio is a newer claimant for attention, and seems to possess many admirable features. Spring winds are not only very trying and disagreeable in themselves, but in most places they are accompanied by clouds of dust, which are unpleasant to all, and especially hurtful to *poitrinaires*.

We have said nothing regarding the spring climate of the southern Mediterranean shore, as invalids only exceptionally prolong their stay in Egypt, Algeria, or Morocco beyond April. Those who have wintered in these regions should be in no undue haste to exchange the assured sunshine and warmth of the southern Mediterranean shore for the sharp winds and changefulness prevalent at this season on the northern shore. A little discomfort from heat is a less evil than running the risk of fatal chills.

Spring is the great season of the fatalities of the travelling invalid, who so often weathers the winter successfully but suffers serious relapse during the spring months. This unfortunate result is no doubt partly due to the inherent treacherousness of the spring season, but also in large measure to the indiscretions of invalids. In many of the resorts mentioned the warm sunshine and bright skies common in spring entrap the unwary into disregard of the dangers lurking in the cold winds. Hence arise colds, chills, and intercurrent inflammations, which so commonly hasten the progress of chronic disease or precipitate a fatal issue.

MUCH alarm has been occasioned by the reported reappearance of the very infectious foot-and-mouth disease of bovines, which was discovered among some cattle that had come from Denmark, and were exposed for sale in the Metropolitan Cattle Market at Islington on the 4th inst. There might exist some doubt as to whether it really was the malady known to veterinarians as eczema epizootica, and which had been allowed for so long to play havoc, without let or hindrance, among our flocks and herds, but was finally stamped out some six years ago, for, according to the Danish authorities, the disease is not present in Denmark, and since its reported appearance on the 4th inst., special inquiry has been made in the district from which the animals were exported, without finding a trace of the affection. And it is to be noted that this is, of all the infectious diseases of animals, the one which can be most readily detected and has the shortest incubation period. So it is not at all improbable that this has been a false alarm; for if foot-and-mouth disease is non-existent in Denmark, and the animals exposed for sale at the Islington Cattle Market had not come into contact with infected animals—cattle, sheep, or pigs—during transit to this country, they could not have it. All experience proves that it no more arises spontaneously than does any other of the specific fevers; and perhaps the most convincing evidence in this direction is the circumstance that the United Kingdom has been free from it for six years, merely because, when extinguished, it has been kept rigidly excluded by forbidding the entrance of cattle from infected regions. These, so far as we know, are chiefly European countries and India. The malady is unknown in Australasia and the United States of America, never having been allowed to obtain a footing in these

quarters of the globe, though it has been carried to each of them on at least one occasion. In the States there was an outbreak last year of a disorder not unlike this; but it was not infectious, and was probably due to some irritant on the pastures.

It is somewhat remarkable that, though observed and described on the continent of Europe for more than two hundred years, the disease did not reach this country until 1838, when it spread almost like wildfire everywhere, attacking cattle, sheep, pigs, and poultry, and even people who handled the animals or consumed the milk of sick cows. It caused much consternation as a new disease which inflicted great damage, though it was not particularly fatal, and for many years nothing was done to check its prevalence; as it was supposed to be due to that "something in the air" which was always invoked when the etiology of such plagues was not understood. The success that attended the extinction of the deadly cattle plague in 1866, drew attention to the great relief agriculture would experience were similar measures applied to this foot-and-mouth disorder. Unfortunately, however, the steps taken by the Government were altogether inadequate to combat such an easily dealt with epizootic malady; almost everything being left in the hands of local authorities, who used their own discretion in applying the measures prescribed, and with the result that after some years' trifling with it, at great cost, it was as rampant as ever. When at last the central authority took the mattter up in earnest, it was not long before the scourge was subdued by the use of the pole-axe, compensation being allowed to owners of diseased and suspected cattle. In 1879 the contagion was extinct, and nothing more was seen of the malady in these islands until October, 1880, when it was again introduced in a cargo of foreign cattle disembarked at Deptford; thence it found its way to the Metropolitan Cattle Market; from there it spread so quickly over the land, that at the commencement of December no fewer than twenty-five counties were invaded. So badly was this invasion controlled that, in 1883, seventy-one counties were scourged by it, the outbreaks being 18,732, and the number of animals attacked 461,145. It was not until 1886 that the three kingdoms had again a clean bill of health, so far as this plague was concerned; but the cost of the negligence which had allowed the contagion of this one importation to escape from Deptford and reign for eight years, was most serious, and can scarcely be estimated. During that period 743,168 animals were reported as affected; and as some of the most competent authorities reckoned that the loss on every animal that did not die or was not slaughtered, could not be less than £3 or £4, the money loss alone to the owners of stock must have been, at the lowest computation, £2,500,000. This immense sum does not include the expense of stamping out, which entailed an enormous slaughter of cattle and consequent compensation; neither is any mention made of the expensive machinery which this process demanded, nor yet the heavy loss incurred by the closing of fairs, the stoppage of movement of cattle, and the embarrassment to the milk and meat trades. For it should not be forgotten that in these visitations it is not only the grazier, breeder, and cattle dealer who suffer—though their collective loss is also a national loss,—but the meat and milk consumers share in the disaster. These commodities become scarcer, and therefore dearer, a matter of much moment to the poorer section of the population; while in this malady there is a chance of the infection being conveyed to those who ingest the uncooked milk. Calves which are being suckled by affected cows often die from gastro-enteritis and it might, therefore, be apprehended that infants and young people incur the risk of similar injury.

Let us hope that, as there is some reason to believe, this is a false alarm; or if it be the real malady, that eight years may not again elapse before it is extinguished. Our agriculture cannot now withstand such shocks as the last one proved itself to be, nor will the public readily forgive such laxity in dealing with a disorder the most easily detected, and most readily suppressed of any that can be controlled by sanitary measures.

Annotations.

"Ne quid nimis."

THE PROPOSED GRESHAM UNIVERSITY.

DURING the past week the Councils of King's and University Colleges, and the representatives of the Medical Colleges (designate) in the proposed Teaching University for London have met, and in each case the change of name has been approved. A joint petition from the two teaching colleges has been sent into the Privy Council praying that the alteration of name may be sanctioned, and a letter expressing their concurrence has also been forwarded by the ten London medical schools. It is hoped that this sanction will immediately be granted, and the Draft Charter will then be laid on the tables of both Houses of Parliament. A reply to the objections made by the authorities of the Victoria University is under consideration, and will be drawn up as soon as the various medical schools have given the necessary authority, and will be sent to members of Parliament with the amended Draft Charter. The medical schools of Birmingham, Bristol, and Sheffield have also drawn up a joint protest, pointing out that injury would be inflicted on them if a new Teaching University for London were established. The reply to this is simple. Either of these schools, if sufficiently equipped, can apply to the Victoria University for incorporation, and thus follow the example of the Yorkshire College of Science at Leeds. Or the science and medical colleges at Birmingham and Bristol may so organise themselves as to form a Midland University, on the lines of the Victoria University, with power to take in other properly established colleges, and so complete the number of Universities that would be sufficient to meet the local demands of England. It is rather too much to ask Parliament not to remedy the grievance of the London medical student because all the provincial schools are not in a position to apply for similar privileges. We do not think the case of the Victoria University or of these medical schools is improved by urging that, because the new University will have a very large proportion of medical representatives on its Council, this body cannot be trusted to maintain the standard of medical degrees, as well as a sufficient standard in arts and science. The opinions of Sir George Young and Mr. Erichsen are not to be taken as representative of the views of a Council not yet formed; they were declared to be merely individual statements, and in no way to be looked on as official.

It is not to be expected that the standard of any new University will be fixed as high as that of the existing University in London, which the Royal Commissioners declared to be an "honours" degree; yet that between this and the standard for an "ordinary qualification" there is ample room for a new degree for London medical students must be clear to every member of the profession who recognizes the position of the Victoria University itself, of the University of Durham, and of the Scotch Universities.

PARTRIDGE v. THE GENERAL MEDICAL COUNCIL.

MR. PARTRIDGE, before Mr. Justice Denman and a special jury, applied on the 6th inst. for a *mandamus* to order his name to be placed by the General Medical Council in the Dental List, under the Act of 1878. Our readers may remember the chief particulars of Mr. Partridge's case. He held a diploma from the Royal College of Surgeons in Ireland, under condition of not advertising for business. He violated this condition. His excuse for doing so was alleged to be the failure of his sight. The College cancelled his diploma, and the Council in 1886 struck his name off the Register. The Court of Queen's Bench ordered the restoration of his name on the ground that the Council was bound to judge for itself and not merely endorse the action of the Irish College of Surgeons. Thereafter the Council considered the case and determined to remove the name, as it has power to do. The plaintiff contended that the Council had no right to do this. Mr. Justice Denman, after going elaborately into the case, found no evidence of malice against the defendants, and felt bound, though reluctantly, and expressing some sympathy with the plaintiff, to nonsuit him. Judgment was given for the defendants, with costs, but execution was stayed with a view to an appeal. Mr. Justice Denman asked if anything could be done to let the plaintiff off costs, and Mr. Muir Mackenzie, acting for the General Medical Council, promised to convey the judge's remarks to the executive committee of the Council. All who read the report of this case must share with his lordship a pity that the plaintiff should have become blind. And, undoubtedly, this fact gives an element of pathos to an otherwise completely indefensible case. It was in Mr. Partridge's power to have practised dentistry and to acquire a place on the Dentists' Register without any diploma from a medical authority or college. With good taste he preferred to take such a diploma, and so to place himself in relation with, and under the discipline of, one of the Royal Colleges of the profession, which happily tries to enforce its laws against unprofessional and vulgar methods of practice. Unfortunately, he violated these laws and his promise to keep them, in spite of much patience on the part of the College authorities, and indulged, according to the evidence on his own side, in a huge and bold system of advertisement. We cannot see that the affliction of blindness in one of its members is to dissolve the whole system of College discipline and to give him privileges which he had not before. It is satisfactory to find that the judgment of Lord Denman only confirms all previous judgments as to the absolute power of the Council to judge of professional conduct, so long as the Council acts in good faith.

MEDICINE IN SOUTH AUSTRALIA.

AT a commemoration of the University of Adelaide held on Dec. 16th, 1891, Dr. Verco, orator for the year, gave a detailed and interesting account of the rise and progress of medical knowledge in South Australia and of the Adelaide Medical School. The good old times of early settlement, when city consultant and "scrub" doctor made acquaintance daily with the rough and ready circumstances of pioneer practice, are briefly but graphically sketched. So, too, is the history of the Adelaide Hospital, founded first as a temporary structure in 1839, subsequently expanded, and in 1885 affiliated with the University. In this year the latter arose by the aid of funds originally destined for the requirements of a theological institution—Union College. It was at first intended that its modest curriculum, as far as medicine was concerned, should include merely the subjects taught in the first two years of student life. In a very short time, however, a complete course of study was arranged, and now "the production of the medical practitioner is a native industry." The fact that the standard of medical education is sufficiently high is a satisfactory one, and it is attested by the right of registration freely accorded to the colonial degree in this country, and by the acceptance of its associated course of study by the conjoined London Colleges. In face of the nearly universal superabundance of young, but qualified, medical talent, we do not gain much assurance from a statement that in a few years the medical work of the colony will soon be in the hands of its own graduates, the process of immigration being virtually arrested by "native industry." Upon these matters and others of a like sort Dr. Verco dwells with natural satisfaction. After some further observations on the general progress of medical knowledge in recent years, he closes an instructive address with a series of original and somewhat carefully studied remarks on the preservative and curative properties of a healthy and spiritual religion. In these he asserts the existence of a spiritual prophylaxis, a prevention of disease by religion. Anger, excess, and every form of egotism, prone as they are to corrupt the mental state, will, he avers, find in it the means both of prevention and cure, and the surest hope of progressive vitality rests, he maintains, upon obedience to spiritual law.

THE RISKS OF LEATHER WORKERS.

THERE is a process of softening the leather used for saddlery which is very injurious to the health of the workmen engaged in the craft. M. Etienne Ferrand of Lyons has recently brought forward proposals for remedying this evil. After the leather has been tanned, but prior to its being rendered supple and before it is scraped and polished, grease has to be rubbed into the pores. The entire skin before it is cut is heated and thoroughly dried in a stove. The skin is then spread upon a table, and tallow at a temperature of about 250° C. is poured upon the leather. The workmen rub this melted tallow into the pores of the skin. But the tallow when heated to this extent gives off acrid vapours, which irritate the respiratory organs and occasion much suffering to the workmen. This is due to the presence of acroleine in the vapours, produced by the decomposition of the glycerine. The acroleine, when coming in contact with the air, forms acrylic, acetic, and formic acids, and is readily volatile at ordinary temperatures. A few drops of acroleine volatilised in a room will render the atmosphere almost insupportable. For this reason, workshops and factories where leather for saddlery is made are put by the French Legislature in the second category of unwholesome industries. M. Ferrand proposes that, instead of rubbing superheated tallow into the skins by hand labour, the skins should be placed in stoves with tallow maintained just in a state of liquefaction—namely, from 100° to 120° C. No irritating vapours would then be produced. If it was found that the liquid tallow did not sufficiently permeate the skins, the rubbing by hand could be replaced by rollers or other methods of bringing to bear mechanical friction. M. Ferrand touches, however, upon the real difficulty when he suggests that tallow costs 80 c. the kilogramme and leather 3 fr. 50 c. the kilogramme. By the hand process the workmen are able to introduce so much tallow that the grease in the leather

represents from 35 to 45 per cent. of the total weight. For doing this the workmen receive a supplementary wage of 3 fr. per day, which, added to their ordinary wage of 5 fr. a day, makes a very considerable difference. Doubtless if some such method as that suggested by M. Ferrand were applied, good leather could be made without any inconvenience or risk to health. But the leather, though equally strong, would not be so heavy, and the workmen would lose their claim to a supplementary wage. Therefore both employers and workmen are opposed to the more wholesome process. M. Ferrand is more likely to be supported by the trade when he urges that in any case there should be, by the side of the workshop where the tallow is rubbed into the leather, a spare room, well warmed and ventilated, where the workmen could seek rest and fresh air between each operation. To this the workmen at least would not object, but the employers would probably complain of the extra expense involved. It seems deplorable that the health of the workmen should be gravely compromised for the sake of increasing the weight of leather by forcing into the pores more grease than is necessary.

"STRANGE DEATH OF A DOMESTIC SERVANT."

AN inquest was recently held at Goring touching the death of Sarah Pearce, aged twenty-one years, a house and parlour maid. From the newspaper report it appears that deceased had complained of feeling unwell for a few days, at the end of which time her mistress found her outside the latter's bedroom door, shivering and clad only in her chemise and stockings. She was put to bed and given some soup. To prevent her further wandering about her room-door was locked. Next morning she was found dead under her bed. Mr. Treharne Symonds, L.S.A., who was called in after the death, said, at the inquest, that he could not form "any possible conjecture as to the cause of death." The jury returned a verdict of "Death from natural causes," with a rider that the girl was neglected by her mistress. If the case is fully and correctly reported in our contemporary, the event shows too clearly that, from whatever cause, the girl was suffering from the delirium of a fatal illness. To our minds it is passing strange that the inquest was not adjourned for a post-mortem examination to be made. We trust the matter will be brought before the Home Secretary, with a view to his considering whether exhumation of the body and an exhaustive inquiry should not be held.

RULES FOR ANTISEPTICS IN OUT-DOOR MATERNITIES.

THE Committee of Management of the General Lying-in Hospital have issued rules for the use of antiseptics, which are meant especially for those practising in out-door maternities. They are to be had for a penny at Vacher and Sons', printers, Westminster. Chiefly they provide for antiseptic powders, consisting of ten grains of corrosive sublimate and one grain of cochineal. They are to be labeled "The Corrosive Sublimate Powders (Poison)." These are, when wanted, to be completely dissolved in a pint of hot water in a clean basin, giving an antiseptic solution of the strength of 1 part in 1000. This solution is to be used thus: The midwife, after thoroughly washing her hands and nails, is to hold them for a full minute in the solution. Sponges are to be kept in for a full minute before use. After labour the external parts are to be washed with the antiseptic solution. A bottle of "corrosive sublimate glycerine (poison)", consisting of two ounces of glycerine in which one grain of corrosive sublimate has been dissolved, is also provided. The fingers are to be dipped in this before making a vaginal examination. Catheters before use are to be plunged in the antiseptic solution for a full minute and then anointed with "corrosive sublimate glycerine." We are glad to see that midwives are not instructed or authorised to use vaginal douches of corrosive sublimate. Where vaginal douches are required they are to dissolve a teaspoonful of the crystals of permanganate of potassium (which they are to carry in an ounce wide-mouthed bottle) in two quarts of hot water at a temperature of 110° F. Rule 11 instructs that the eyes of the child shall be wiped with a clean napkin, and when being washed shall have squeezed over them, the lids being separated, a clean white rag or piece of cotton soaked in the antiseptic solution. The only misgiving we should have is whether it is right to trust such poison in such coarse quantities in the hands of those who can scarcely appreciate their intensity and the risk of accident. The rules might be stated with still more explicitness. Cautions against the use of perchloride douches by midwives should be more expressly stated. Not the least secret of success in antiseptic midwifery is in the homely secret of having absolutely clean hands and nails, with corresponding attention to clothes and instruments. A more elaborate account of antiseptics in obstetric and gynæcological nursing and practice will be found, with directions for use, in Dr. John Shaw's manual.

THE WORKHOUSE INFIRMARY NURSING ASSOCIATION.

THIS Association, which has been engaged for many years in investigating the condition of the inmates of infirmaries and the arrangements in existence for providing a suitable nursing staff for them, have published a report on the country infirmaries. It states that in some of the infirmaries there may be only one nurse responsible for the entire care of the sick of the union, having occasionally as many as forty or fifty cases under her care. It is simply impossible for a nurse to deal adequately with so many patients, and the result is that the care is handed over to the paupers, an account of whose modes of nursing is graphically described in the early pages of "Oliver Twist." Miss Wood, in her report, says "until pauper nursing is banished from our infirmaries these 'disgraces' must be occasionally accepted." We commend in the name of humanity this aspect of the Poor-law to those who are advocating much-desired reforms of it in other directions.

OPERATION FOR JACKSONIAN EPILEPSY.

IN the *American Journal of the Medical Sciences* a case of much interest and importance is related by Dr. Keen and Dr. Mills of Philadelphia. The patient was a young woman of twenty-seven, who for ten years had been subject to fits, at first occurring at considerable intervals, but latterly becoming much more frequent, and with only short periods of freedom. These attacks were at first of the nature of numbness and pricking in the left upper limb, merely sensations, but latterly motor phenomena had been superadded. A typical attack began with a sensation of pricking in the left arm. This was followed by a plaintive cry, and the left arm then became extended at the shoulder. Almost simultaneously the left leg became rigid and the head turned to the right. It is not stated whether the eyes also deviated, but the right arm was affected, becoming flexed at the elbow. Although these attacks occurred sometimes as often as six or seven times in twenty-four hours, there was no paralysis present and no objective sensory changes. An operation was decided upon, and as the centre for the left shoulder seemed to be the focus of irritation, trephining was performed at a point in the skull corresponding to this. The bone was found to be very thick and dense, to be eroded on its inner surface by a small growth

starting apparently in the pia mater, involving the dura mater, causing its adherence to the pia mater, and finally pressing upon and eroding the inner table. The growth looked like a hypertrophied Pacchionian body, but was subsequently found to contain sarcomatous elements. It was removed, and stimulation of the cortex by the interrupted current was then resorted to, with a view to localising accurately the centre for movement of the shoulder. This was found quite close to the point where the growth was, and it was excised. The wound was then closed, but on account of its sclerosed condition the bone was not replaced. Healing took place by first intention. Subsequently paralysis, gradually spreading, affected the left arm and leg, causing complete loss of power in those limbs; but it cleared up again in a few days, and no permanent loss of power remained, and no sensory impairment. Unfortunately the attacks did not cease, but they became less severe. The case is an exceedingly important one, and we are glad to have it in such detail. There is a curious omission of any report on the condition of the optic discs—a point which was doubtless investigated. It would also be interesting to know whether, after excision of part of the cortex, touches, which apparently were perceived without difficulty, were correctly localised, especially about the shoulder, and also whether the sense of position of the limb was in any way disturbed. These are points of considerable importance, both practically and theoretically, in all cases in which the cortex has been excised.

SUGGESTED REMEDIES FOR OVER-POPULATION.

INASMUCH as excess in anything is an error, it is doubtless correct enough to speak of the evil of over-population. The due relation which is characteristic of true economy allows no exception among the arrangements connected with domestic food-supply and the increasing demands of hungry children. It is nevertheless a matter for argument whether the significance of this assumed evil has been always rightly understoood. Viewed by themselves, such facts as the prevalence of poverty, the scarcity of employment, and their consequences apparent in close unhealthy homes, overcrowded with young children, are certainly discouraging, and contrast unfavourably with the comfortable independence enjoyed by capable and active individuals and by many childless couples. It is clearly unfair, however, to lay the blame of all this misery upon the process of reproduction. We must remember that physical fruitfulness has marked the career of all strong and prosperous races, and this, too, without the conscious employment of any selective method. By their exertions the world's work has been and is for the most part done, and it would be a mistake to diminish its needful complement of workers. It is true likewise that the evils complained of are in no small degree the outcome of other causes than the mere pressure of numbers. Want of thrift, instruction, and forethought, unequal conditions of labour and capital, overcrowding in certain districts, and the like have quite as much to do with the matter as the size of families. We venture therefore to state our opinion that the evil influence freely attributed to this cause is, to say the least, a still uncertain quantity. As regards the various remedies proposed for its repression, we are no less sceptical. Such artifices as the tolerance of illegitimacy, the discouragement of marriage, and a variety of means advocated and employed, notably in France, for the restriction of pregnancy among the married, are open to serious moral objections, which if unrestrained would ultimately ruin the society created with their assistance. Moreover, they do not allow for any reliable method of selecting the surviving progeny. The feeble and the strong would still grow up together, but there would be fewer of both. No less objectionable, notwithstanding its scientific aspect, is the plan suggested by Dr. W. T. Greene, whose paper on the subject we have received—namely, that an artificial process of selection be instituted according to which the apparently feeble or diseased would be deprived by operation of their genital capacity. Apart from the manifest crudeness of this device, we need not show that it encroaches very far on the sphere of personal right. Again, it could hardly be relied upon as a selective method, so little can we trust to the presage of infancy. We fail, therefore, to find in any of the above-mentioned remedies the real cure for this general overcrowding. It does not follow, however, that we would uphold all presently existing customs. That faults are to be found in our marriage system we do not deny. There is that, for example, which allows of early though mature maternity, and there is the imprudence of marriage without reliable means of sustenance. We would also be foremost in denouncing the culpable recklessness which takes no thought of evident constitutional disabilities, though it is not clear how any Legislature could deal with these matters, while much may be expected of judicious education. In emigration we have a method already much and successfully used for the relief of districts burdened with a surplus population. It is to such natural means, combined with the exercise of ordinary prudence in home life, rather than to any of the readier and more showy panaceas we have touched upon, that we would look for that rational adjustment in vital conditions which all of us desire. But, after all, and under any system, we shall long have among us, though it be in diminishing numbers, the poor as well as the rich.

THE HEALTH OF FLORENCE.

AN Italian correspondent writes: "The Syndic of Florence, from the 1st inst., has ceased to transmit to the Prefect the daily bulletin of cases of influenza, no cases of the disease for some days previously to the 1st having been reported to the municipio. In December and January influenza prevailed, though not in epidemic proportions, and the type throughout, as in Rome, was very mild. Typhoid fever, it may be added, figures very low in the Registrar's returns. During the whole month of January there were in Florence (city and commune) only six cases of death from that cause."

MEDICAL REFEREES AND LIFE ASSURANCE OFFICES.

IN the new edition just published of Mr. Bunyon's book upon the "Law of Life Assurance" there is a reference to the vexed question of medical referees and their fees. The author says that a claim has been made by some members of the medical profession, when applied to as the medical referees of parties proposing insurances on their lives, to the effect that they are entitled to a fee for their certificates, and they remark that to this "no objection can be raised." But he adds that medical practitioners have endeavoured to extend the proposition, adding to it this further term—namely, that they are entitled to receive the fee from the insurance office, and not from their patient, and that in three instances the question has been tried in the county court, the point raised being whether there was any contract on the part of the company to pay the fee, and in every case it has been decided in the negative. They suggest that, by way of preventing misunderstanding, the medical man should reply to the applicant to the effect that without payment he will give no answer, whereupon they opine that the company, if continuing to request the information, would be bound to pay for it. We have no doubt that this is perfectly sound advice, but it occurs to

us that there is an alternative course which would in some instances be preferable to that here proposed, and upon which we should be glad to have our author's view. The medical practitioner might write, not to the company, but to his patient, asking whether the company had authority to pledge the patient's credit for the fee. If the patient replied in the affirmative, well and good; the company need not be asked to pay. If the patient repudiated the company's authority to make any application to the medical attendant in his behalf, the company might be safely debited with the fee, since it would be absurd to suppose that the medical certificate would be given free of charge. If the company has no authority to pledge the patient's credit, it must be taken to pledge its own. Such at least is the common sense view of the situation, and we should be much surprised to learn that it is not also the law.

PURE COAL.

MUCH of our English coal is of a somewhat low quality. Not only does it contain slate and other earthy impurities, but also, unfortunately, pyrites, more than one-half of which consists of sulphur. Our coalfields are being worked out with a velocity which produces anxiety in the minds of all who are interested about the future of the country. We cannot afford to waste even the poorest kind of fuel, and the propriety of restricting exportation has repeatedly been urged with powerful arguments. But in the meantime the burning of impure and dirty coal is a source of tribulation to housekeepers and of injury to manufacturers. According to Mr. Percy Bateson, who in December last read a paper to the Liverpool section of the Society of Chemical Industry, the process of Mr. Lührig, which appears to be the latest improvement upon various previous attempts, renders it possible for colliery owners to clean, and to some extent to purify, without great expense, the coal before it is sent away. The system involves a series of operations, in which are included dry separation, breaking, sizing, washing, recovery of sludge, automatic transportation, &c. It is said that the method is already in successful operation in many places, and from a sanitary, no less than from an economic point of view, everyone must hope for its success.

DEATHS UNDER ANÆSTHETICS.

A DEATH occurring while the patient was under the influence of ether is reported from Bath. The patient, a man aged thirty-seven, applied for relief for pains which the officer who saw him describes as being symptomatic of "acute dyspepsia;" but the fact that there was a strangulated hernia appears to have been overlooked, although he had suffered from a rupture for two years. However, he was subsequently admitted into the institution, and it was found he was suffering from strangulated hernia, which it was deemed necessary to relieve by operation. The patient was at this time in an extremely prostrate state, vomiting large quantities of black fluid. After consultation he was put under ether, and ten minutes later the operation of herniotomy was commenced. However, two minutes subsequently the condition of the patient became so grave that the operation had to be abandoned and artificial respiration resorted to. The heart beat for an hour and a half after cessation of respiration. The windpipe was opened and the lungs inflated, but these and other means failed to initiate spontaneous breathing, and the patient died. There are many most unsatisfactory points about this case which perhaps a fuller report than that which has reached us might clear up. We are not told why tracheotomy was performed, although presumably for obstruction. Such obstruction could hardly have been spasm, as it occurred *twelve* minutes after commencing the ether, and subsequently to complete narcosis. If it was due to vomiting, it should have been mentioned, and surely a post-mortem examination should have been made to ascertain whether the vomit was sucked into the air-passages. Such an event constitutes the main danger in these cases, and several instances have occurred comparatively recently in metropolitan hospitals in which, through no fault of the administrator of the anæsthetic, vomit has found its way into the lungs. It seems most extraordinary, unless some such gross impediment to respiration occurred, that, with a heart beating for ninety minutes, respiration could not be restored. Was this efficient? Was there emphysema or any other condition which rendered artificial aeration of the blood impossible? If not, it seems very unusual that twelve minutes of etherisation carefully performed, as we are told it was, could not be counteracted by ninety minutes of artificial respiration.

A death under chloroform is reported from Wolverhampton. The patient, a boy aged eleven, suffering from hip-joint disease, was admitted into the General Hospital for operation. He had taken chloroform successfully twice (in September and October) during last year, and was again placed under its influence by the house physician for a third operation. When the surgical procedure was completed the boy's face grew dusky and his pulse stopped. The house surgeon's report after a necropsy was that death arose from syncope. The facts before us are too scanty to justify any remarks upon the case except to call attention to the fact, now pretty generally recognised, that there is no immunity from subsequent danger enjoyed by those who have passed safely through chloroform administration once or twice on previous occasions.

THE ROYAL BRITISH NURSES' ASSOCIATION.

THE meeting of this Association which was held on Monday last had under consideration a proposal to substitute a Royal Charter for the statutory incorporation under the Companies Act to which the application to the Board of Trade recently made for a licence to register a title without the word "Limited" was a preliminary. By a unanimous resolution the meeting decided to adopt this course, and thus the history of the institution enters upon a new phase. We do not doubt that the committee which has recommended the new departure has carefully considered the alternatives and been well advised as to the choice to be made. But we should, for our part, have been well content to hear that the Society had determined to press its claim upon the Board of Trade, for a position more thoroughly indefensible was never taken up by a public officer than that assumed by Sir Michael Hicks-Beach when he refused the application for a licence upon grounds of such a general character as those alleged in his communication to the Society. His treatment of the Institute of Preventive Medicine was at first equally perverse, but the firm attitude of the promoters induced him in the end to give way. It would, however, be very unreasonable to complain of the Association that it had declined a troublesome and disputatious course if an easier and simpler one be open to it. At the Privy Council Office there will be at least no mistake as to jurisdiction, and no attempt to adjudicate upon the merits of the application without hearing its promoters. In these circumstances the meeting had good ground for the tone of confidence which marked its proceedings, and it would not be surprising if in the end it should prove that the perversity of the Board of Trade turns to the advantage of the Association. In one respect it has done so already, for the Princess Christian has been induced to signify her approval of the institution in a very emphatic way, and to renew a very effective support by announcing that she will head the application to the Privy Council with her own name. While the battle remains to be fought it would as yet be premature to con-

gratulate the promoters of the British Royal Nurses' Association; but we certainly shall not condole with them upon events which, though apparently untoward, have so far had such excellent results.

INFLUENZA.

THERE is comparatively little to report concerning the epidemics of influenza, either in this country or abroad, for, indeed, in almost all parts it seems to be subsiding. Thus in London—where, it may be noted, the birth-rate has regained its usual supremacy over the death-rate—the deaths directly attributed to influenza amounted last week to 314, as compared with 436 in the preceding week, and the cases in which influenza was noted as a secondary cause fell from 71 to 62. It is gratifying also to record a notable decline in deaths from respiratory diseases—namely, from 1465 and 1192 in the preceding two weeks to 761, a figure which, however, exceeds the corrected average by 279. The total death-rate in the metropolis last week was 30·6 per 1000, the same as at Portsmouth, and exceeded amongst the large towns of England and Wales only by Norwich (39·6) and Preston (31·1). Indeed, the general average amongst the thirty-three great towns noted in the Registrar-General's weekly return was 26·2. The chief fact to record in connexion with influenza has been the appearance in Vienna of an outbreak of diarrhœa, which has been extremely prevalent in that city during the past fortnight. It was at first supposed to be connected with the drinking water; but several of the leading physicians discountenance this theory, which has little to support it, and their general impression favoured its association with the prevailing epidemic. Dr. Bettelheim stated that as soon as this intestinal catarrh assumed an epidemic form, cases of the ordinary type of influenza ceased to appear. It is indeed quite conceivable that the two are related, and that in this enteritis we have only another example of one of the multifarious ways in which the influenza virus acts upon the organism.

ENTERIC FEVER AT THE FOUNDLING HOSPITAL.

AN exhaustive report has been prepared by Dr. John F. Sykes on an outbreak of enteric fever at the Foundling Hospital. The first case was admitted to the infirmary on Oct. 8th of last year, and between that date and Dec. 14th there were thirty-five attacks, with, happily, only one death. At first sight there were certain indications afforded by the special incidence of the disease which seemed likely to become helpful in ascertaining the origin of the malady. Thus, in the east wing, containing 179 inmates, only three, or 1·7 per cent., were attacked; whereas in the west wing, with 185 inmates, no less than thirty-two, or 17·8 per cent., suffered. Then, again, thirty-three of the patients were girls or female officers, only two males—both boys—being attacked. But the inquiry turned out to be very difficult. A continuous operation of the infection seemed indicated by the rapidity with which new attacks occurred within a few days of each other right up to the end of the first week of November; but, notwithstanding a most painstaking inquiry, nothing definite could be made out as to its primary introduction into the buildings, or its origin within them. The cause of the maintained diffusion is referred by Dr. Sykes to a faulty arrangement as to drainage by which the contents of the infirmary drains were made to flow past a grease-trap connected with the cooking room; these drains containing, for fully a week, infected stools from enteric fever patients. This grease-trap is regarded as having formed a suitable incubation chamber; and it is believed that the arrangements connected with it must have secured a rush of warm, expanded air and vapour into the kitchen, the offices, and the neighbouring staircases. When the kitchen was closed at night, and after evening meals, those most engaged in the kitchen—namely, the female staff and some elder girls—would be most subjected to the mischief, whereas the school children would have gone to their school-rooms at a distance. The special incidence of enteric fever on age would also necessarily have had some influence on the attacks amongst the older of the female inmates. The boys would not come under the influence of this defective arrangement in anything like the same way, and to this their immunity is attributed. The method of inquiry adopted by Dr. Sykes is worthy of study and imitation, even though in some respects his labours were not rewarded by a full discovery of all the circumstances which he endeavoured to clear up.

THE USE OF THE ACTUAL CAUTERY IN GYNÆCOLOGY.

DR. V. STOLYPINSKI, in an article in a Russian medical journal, strongly recommends the more frequent use of the actual cautery in gynæcological operations, as, for instance, in the destruction of fungating cancer, for the arrest of bleeding from pedicles, and for the removal of small tumours. He uses it in the removal of the vaginal portion of the os, when required, for malignant disease, and recommends it on account of its easy application, the slight loss of blood, and the simple after-treatment. He reports only one case with an unsatisfactory result, obliteration of the os being found at a subsequent confinement.

DEATH BY HANGING.

THE *St. Petersburger Medicinische Wochenschrift* gives a *résumé* of a paper by A. S. Ignatovski on the cause of death by hanging. He refers the rapid loss of consciousness after suspension to the retarded or arrested circulation in the brain brought about by the increased intra-cranial blood pressure. The effect of this impediment to the circulation is the same as in cerebral anæmia, for in both the nutrition of the brain suffers. It is therefore not, as Leofman teaches, an insufficient supply of blood to the brain, due to compression of the carotids, which interferes with the functional activity of the brain, but compression of the capillaries by increase of the intra-cranial pressure, which has this effect, and which occurs whilst the supply of blood remains the same, or even increases.

SIR SPENCER WELLS IN INDIA.

WE learn from the *Englishman* of Calcutta that Sir Spencer Wells has been the guest of the Medical Society of Calcutta, at a crowded meeting presided over by Dr. Kenneth Macleod. The assembly included most of the leading practitioners in Calcutta, European and native, a number of lady doctors, and some of the more advanced students of the medical college. We can imagine how sincere were the words in which Sir Spencer Wells expressed his pleasure in seeing such an assembly, representing so many different races and creeds, and receiving from it a warm welcome—the more so as the great subject of the evening was entirely congruous. The proceedings were begun by a paper on Ovariotomy in Calcutta by Dr. Joubert. Sir Spencer Wells paid a just tribute to the success of surgery in India, especially to the treatment of elephantiasis by the President, of lithotomy and lithotrity, of cataract and of hernia. Not less to the point was the praise awarded to the profession in India for its less showy but equally important work of an administrative and sanitary kind, fraught with blessing as it is to nearly three hundred millions of our fellow-subjects. Of course, Sir Spencer Wells did not conclude his eloquent address without a reference to ovariotomy in India, which had been so well represented in practice and on paper by Dr. Joubert. He thought the

success had followed the European success, slowly at first, but gradually coming up to it. Sir Spencer Wells was liberal in his recognition of the other great advances in abdominal surgery, though he claimed that these were largely based on the success of ovariotomy. Not the least interesting part of his address was his allusion to the large number of deaths in Calcutta (12,000 in ten years) from tetanus, especially among infants. According to Dr. Simpson, 500 infants died of tetanus in Calcutta in 1890. Whether microbic or not in its origin, this is certainly a mark of insanitation. It reminds us of the appalling mortality of infants in the Rotunda Lying-in Hospital, a hundred years ago, from trismus nascentium, which was entirely removed by the simple expedient of opening the windows. Sir Spencer Wells supported the proposal to cremate the town refuse as one of the most likely ways of abating this virulent disease. We trust his example will be followed by other men of light and leading, who may be confident of a cordial reception in Her Majesty's Indian territories.

THE INTERNATIONAL MEDICAL CONGRESS OF 1893.

THE profession in Italy is sparing no pains to make this meeting as conspicuous a success as the best of its predecessors. At a recent sitting in Rome an organising committee was formed, with Dr. Baccelli as its president; Professor Edoardo Maragliano of Genoa, general secretary; the Commendatore Professor Pagliani (head of the Public Health Department of Italy), treasurer; and the Commendatore Signor Ferrando, steward (*economo*). There were also elected by ballot the heads of the fourteen sections over which the work of the Congress is to be distributed—to wit, Anatomy, Physiology, Clinical Medicine, Gynæcology and Obstetrics, General Pathology and Pathological Anatomy, Pharmacology, Surgery and Orthopædics, Psychiatry and Neuropathology, Ophthalmology, Dermosyphilopathy, Legal Medicine, Hygiene, Laryngology and Otology, Naval and Military Sanitation. The committee is at this moment engaged in constituting local or subcommittees for the whole kingdom, to consist of the leading practitioners of every province. All this procedure is on the lines of the Berlin committee, which will also be imitated in giving to each provincial representative a distinctive badge, to be worn during the Congress. The committee, moreover, is proceeding to the election of foreign committees with a view to secure the presence at the Congress of the leading members of the profession in all parts of the world, so as to make the gathering as truly an international one as possible, worthy of its predecessors and worthy of Rome. The time of meeting has been fixed for September, the month in which the climate of central Italy is at its best, when in Rome there is no risk whatever from malaria, and when the profession, particularly of Northwestern Europe, can best be spared from home.

KNEE-JERK IN ACUTE ILLNESS.

IN the last number of the *Neurologisches Centralblatt* there is an abstract of a paper by Dr. Longard of Bonn which deals with the condition of the knee-jerk during feverish conditions and with the influence of psychical conditions upon the phenomenon. In eighty-two patients suffering from phthisis he found distinct foot clonus in no less than thirty, and in seven of those there were active periosteal and other reflexes. Of those seven, six had a high temperature and were much emaciated, and only one was free from fever and fairly strong. In the majority of those there was active idio-muscular contraction in the pectoralis major and biceps, and in only a small number was it absent. The activity of this phenomenon seemed to be proportional to the amount of feverishness. In four cases of typhoid fever the knee-jerks were distinctly increased during the illness or in convalescence, and in one case of acute rheumatism there was a slightly increased activity of the knee-jerk. Of eight cases of croupous pneumonia, in seven there was increased knee-jerk and an increased muscular irritability, but there were among them three cases in which, at the height of the illness, the knee-jerk could not be elicited. Dr. Longard believes that in such acute illness the products of the morbid process may increase the irritability of nervous structures without causing any discoverable structural alteration in them, and he also believes that psychical influences are more effective in modifying the reflexes than has hitherto been supposed. Rosenbach finds diminution of the reflexes during sleep, and that this diminution is proportional to the depth of sleep; and in some of the cases observed by himself Dr. Longard was able to demonstrate a variation in the activity of the reflexes according to the psychical state of the patient. He concludes that the presence of foot clonus, or even of patellar clonus, is not necessarily dependent upon degeneration of the pyramidal tracts.

SMALL-POX IN THE DEWSBURY UNION.

THE Local Government Board have now issued an order definitely prohibiting the admission of small-pox cases into the Dewsbury workhouse hospital, and it is curious to note that this is protested against by one of the guardians on the ground of sympathy with the "needy class who want shelter." If the guardians who want to import small-pox cases from Batley into the workhouse at Dewsbury, where they are kept within a few feet of the needy sick in the infirmary, and where the lives of these sick poor have again and again been endangered, would use their influence in precisely the opposite direction, then their anxiety for the needy class would be more intelligible. The West Riding Council have also seen the matter in the same light as the Local Government Board, and have informed the guardians that, under the circumstances, they will refuse to receive any more pauper lunatics from Dewsbury. This is also objected to by the guardians, who have instructed a committee to wait upon the Asylums Committee of the County Council. In the meantime, we are glad to find that a number of urban authorities within the area of the Dewsbury Union are uniting for the formation of a joint infectious hospital board, the public inquiry for this purpose having been held last week. Some such means of proper isolation has long been wanted, and it is to be hoped that speedy success will follow this initiative step.

RECENT DEVELOPMENT OF ELECTRICAL SCIENCE.

LAST week, at the Royal Institution, Mr. Nikola Tesla, a native of Dalmatia, now settled in America, demonstrated the recent and most remarkable practical results of his investigations in electrical science. These have proved to be the most important advances of recent years; indeed, they may be regarded as a novel departure from the ordinary methods. The great novelty consists in the employment of alternating currents of high potential and frequency, the alternations taking place as rapidly as 20,000 times per second, which may be increased to a million per second by passing the disruptive discharge from a battery of Leyden jars through the primary current of an induction coil. When such a current is passed through a bare metallic wire it glows in the dark, and if one pole merely be attached to a metallic point a bluish flame becomes visible, or if to small discs of various substances, as lime, carbon, or artificial diamond in vacuum tubes, these become brightly incandescent. The incandescence increases to a bright light when

the hand is brought close to the bulb, and still higher brilliancy is attained by the use of an ordinary metallic shade. A remarkable series of experiments shown by Mr. Tesla was the glowing of vacuum tubes without attachment by any conductors when these were simply held in a space between the two poles, the one terminal being a sheet of metal overhead. This showed the possibility of rendering any space electric (say, a room), and of the employment of vacuum tubes, placed anywhere in this electrified area without connecting wires, to yield light. One of the most important features, from a medical point of view, is that these rapidly alternating currents of extremely high potential appear to be absolutely without any pernicious effect on the human body, for Mr. Tesla made his body a portion of the circuit, and took a vacuum-tube (which glowed brightly) in one hand and an iron rod in the other, with which he touched one of the terminals from which sparks of several inches were being emitted, and yet seemed perfectly unaffected, whereas ordinary currents of probably one-fifth the intensity would cause death instantaneously. The condition of minimal displacement, while it has enabled Mr. Tesla to penetrate into what has been not inaptly described as a new region of experiment, shuts him out from the use of many of the appliances with which in the ordinary uses of electricity we are familiar, and therefore, although the beauty and interest of his experiments may be freely acknowledged, their practical utility or even their promise of practical result has yet to be demonstrated. The exhausted tube is a beautiful and, even under favourable conditions of illumination or rather of darkening, a brilliant object to look at, but it is a very feeble source of light; and there does not seem to have been in Mr. Tesla's experiments any indication whatever of such an increase of efficiency in his use of electricity as points to the use for practical illuminating purposes of such currents as he is able to pass through the human body without inconvenience.

THE LATE DR. H. I. BOWDITCH.

BY the death of Dr. Bowditch on Jan. 14th, at the advanced age of eighty-four, there passed away one who in his time rendered great service to medicine, and whose memory will be long cherished at Boston and at Harvard University, where he was once the professor of clinical medicine. The *Boston Medical and Surgical Journal* (Jan. 21st) gives an admirable account of his life, taking note not only of his educational and professional careers, but of his energetic support of the movement for the abolition of the slave trade, in connexion with which may be cited the following fact: "When he was appointed admitting physician [to the Massachusetts General Hospital in 1838], negroes were not received as patients in the hospital. He offered a test case of pneumonia, resigned his position when his negro patient was not admitted, and carried his point, his resignation not being accepted." As may be gathered from this incident, Dr. Bowditch was a man of a chivalrous type and boundless sympathy. "Honest, fearless, outspoken, he made friends of his enemies by the simplicity, purity, and unselfishness of his purpose. He compelled an admiration of the right and a hatred of wrong." As regards his professional work, it may be noted that after graduating he spent two years in Europe, studying chiefly under Andral, Chomel, and Louis. His best-known work is his advocacy of paracentesis thoracis, in which he employed the aspirator invented by Dr. Wyman. This was in 1850, and may be said to have been the starting-point of a measure which subsequently became generally adopted, although not without encountering much opposition. Another subject which much interested him was that of phthisis, and in particular its association with climatic conditions, in which he did for America work similar to that carried on by Dr. G. Buchanan in his memorable inquiry on the prevalence of consumption in this country. He produced many essays on these and a few other subjects, but he published no large work. It is said that he has left "more than 90,000 manuscript papers of records of cases of private patients." He was one of the first supporters of female medical education; he was also mainly instrumental in the creation of the first State Board of Health in the United States in 1869, and acted as president of that board till 1879. He fully earned and merited the esteem and affection with which he was regarded.

HEALTH OF IRELAND.

UNDER this heading Dr. C. F. Moore of Dublin has recently published an article bearing on the health of Ireland, and more especially the sanitary condition of Dublin. He points out by statistics calculated on the last twenty years, taken from the death-rate, of almost every country in Europe, that Ireland ranks, after Norway and Sweden, as the most healthy of the European countries; and if the regulations for the sale of fermented drinks which prevail in Norway and Sweden were adopted in Ireland, he believes the latter country would far excel the other two named in healthfulness. Dr. Moore next refers to the plans for Dublin main drainage, but thinks a good deal might be done to improve Dublin without recourse to increased taxation in experimental, chemical, and engineering works. He draws attention to the accumulation of manure heaps in various parts of the city, and to the number of slaughter yards which the corporation cannot close without giving compensation to their owners, and points out that knackers' yards, tanneries, and other offensive works should be carried on outside Dublin, and all resulting offensiveness should be prevented flowing into the sewers. At a meeting of the Dublin Corporation last Monday Alderman Perry stated that he had personally inspected numerous tenement houses and dairy houses in the city, and that the condition of the former were in many instances most unsanitary. He attacked the Public Health department, which was defended by several members, and ultimately the matter was referred to a committee to inquire into the working, and make such recommendations for the reorganisation, if necessary, of the department as may appear to be necessary, Alderman Perry undertaking to formulate in writing specific statements of default in connection with the present working.

SEED GROWTH AND ELECTRIC CURRENTS.

SOME experiments, very simple, but of quite startling interest, are described in last week's number of the *Chemical News* (Feb. 5th). Dr. James Leicester, of the Merchant Venturers' Technical School, Bristol, has been studying the growth of seeds in what may be described as electrified earth. Scarcely any apparatus was used. A box about three feet long and two feet and a half wide was filled with soil, and near each end two metal plates, one of zinc, the other of copper, each about one square foot in size, were immersed, and were united outside by a copper wire. It is evident that by slow chemical action on the zinc a current will pass through the earth towards the copper, and returning by the outside copper wire will form about the simplest of simple cells. Various seeds were sown in the earth between the plates, and in every case it was found that the seeds grew much quicker than they did when the plates were absent. Similar and even more definite experiments were made with glass tanks, some with and some without the metal plates. All of them were fitted with the same earth, and were treated with the same quantities of water. In one typical instance

the result is thus stated: "In the case of hemp seed, it was fully an inch above the surface before there was any sign of it in the ordinary vessels." The experiments were varied in several ways, but always with substantially identical results. It was found that if the soil was watered with a little very dilute acetic acid the growth of the seeds was much quicker when the metal plates were present, whereas without them no difference was noticed. Further researches on the growth of plant life are in progress, but have as yet yielded only negative results. It is impossible to anticipate the importance which may in future attach to these remarkable observations. They have no analogy at all with the experiments of Dr. Siemens, also interesting and important, on the stimulation of vegetable growth by electric light. Everyone knows that electric light is closely analogous to solar radiation, and it is not wonderful that the work of the sun's rays can be imitated, if not equalled, by their only important rival, the voltaic arc. But in these experiments there is no question of light or heat radiation, but a subterraneous impulse imparted to the soil.

CHOLERA INTELLIGENCE.

IT is for the first time definitely stated that all cholera in and around Damascus has disappeared; and it had for some time previously ceased at Beyrout. But in the plain of Merj-Ouni, some seventy miles from the latter town, cases are still said to be by no means unfrequent, and the consequence is that Syria and Asia Minor remain under observation as regards the prevalence of this disease.

INDIAN MEDICAL SERVICE.

As our readers are aware, the question arose some time ago as to whether Brigade Surgeons of the Indian Medical Service could decline promotion to the rank of Deputy-Surgeon-General. Medical officers holding lucrative civil appointments were naturally disinclined to relinquish them, and occasionally preferred to abandon their claim to the higher rank rather than do so. We learn from the Indian press that it has now been ruled that if, after considering all the circumstances affecting any particular case, the Government deem it expedient in the interests of the public service to nominate a Brigade Surgeon for promotion, that officer will not be given the option of refusing it. We said, when the question arose some time ago, that the Government was clearly within its rights in this matter, and that all that could be fairly expected of the Government was that each case should be considered on its merits, and decided in the interests of the public service.

SLEEP AND MORBID SOMNOLENCE.

THE case of Johann Latus, the miner of Breslau, who was recently reported to have lain asleep for a continuous period of four months and a half, though not unique, affords a remarkable example of morbid somnolence. Though we cannot yet speak precisely as to the physiological basis of sleep, we can still gather from observation of associated physical states, aided by the side-light reflected from their pathological counterparts, some idea of its essential meaning. The fact that the brain becomes anæmic during sleep, though probably as much a consequence as a cause of this condition, is instructive nevertheless, as indicating that the molecular tissue changes underlying it are those of rest, the sequel of exhaustion; and further, that they are not merely cerebral, but are shared by every organ. It is manifest, at the same time, that the normal state of periodic sleep must be aided and deepened by this reduction in the ordinary nutrition of the brain. When, again, we come to deal with the causes of morbid drowsiness, the properties and relation of the nutrient blood-supply acquire a fresh interest. It would be impossible, unless we took account of these, to judge of the influence exercised by such well-known causes of unnatural stupor as the various forms of toxæmia, or even perhaps of the similar phenomena connected with obesity, myxœdema, senility, and nervous prostration. In most of these conditions the nerve exhaustion is remediable, and that by means which operate either on or through the circulatory system. Among such are massage and electricity, which act by stimulating its movement if too sluggish, and thus promote waste excretion, while at the same time they aid the direct nutrition of the jaded nerve centres. We may take it, therefore, that the somnolent condition, whether in health or illness, is a natural, and in some degree a remedial, consequence of nervous exhaustion. It may be of transient or of more continuous duration.

HÆMATOMA AURIS IN THE INSANE.

DR. TISHKOFF has examined and reported upon ten cases of hæmatoma auris occurring in patients suffering from general paralysis of the insane, in which disease it differs both clinically and pathologically from other forms of hæmatoma attacking the ear. Hæmatoma auris is due to the exposure of the cartilage of the ear to external influences, rendering it susceptible to morbid changes. It commences with inflammation of the perichondrium, which is followed by absorption of the cartilage caused by the formation of new bloodvessels. The rupture of these vessels creates a cavity between the perichondrium and the cartilage, which increases as the flow of blood continues. The characteristic form of the hæmatoma is caused by the cavity between the cartilage and perichondrium. The blood is slowly absorbed, and the thickness of the walls of the cavity is augmented by a new growth of connective tissue. The exciting cause in the insane is generally maniacal excitement; in the healthy it is always traumatic.

A CHEAP METHOD OF ADMINISTERING FAT.

DR. MERSHINSKI, by boiling milk and lard together for a considerable time, prepares a liquid which contains a large percentage of fat, one litre (one pint and three-quarters) containing from 130 grammes to 170 grammes. He gives half a litre before rising and another at eleven o'clock. "Breakfast," at one o'clock, consists of carbohydrates; dinner, at five, of nitrogenous matter. Experiments prove that the diet is generally well digested, and that the patient increases in weight. Dr. Mershinski considers this preparation very suitable for hospital and union practice in cases of malnutrition not connected with disease of the stomach, liver, intestines, or pancreas.

NEWSPAPER CURES FOR INFLUENZA.

ONE of our religious contemporaries, with doubtful judgment, leaves the region of divinity and professes to give its readers the wisdom of the late Sir Oscar Clayton in reference to the treatment of influenza. It is very curious reading, and somewhat hard on the deceased knight bachelor, whose prescription is given in very lax form, and who probably did not contemplate its general application. A certain "mixture" (*sic*) is to be taken with a tablespoonful of lime juice. We pity the unfortunate reader who takes the instructions too literally. Our contemporary then continues: "If I were you," added Sir Oscar Clayton, "I would eat two oranges a day. They are an excellent thing for influenza. They keep it from the chest." Was there ever a more simple and withal more pleasant protection from so grave a complication as that from bronchitis, pneumonia, and pleurisy by the palatable expedient of taking two oranges a day! Not only so, but it

is set off with equally palatable accompaniments. "You may have a little fish or chicken, and have two glasses of port wine a day made into negus. Add a bit of lemon or nutmeg. Take plenty of strengthening food," &c. Who can resist such prescriptions, especially when they are said to proceed from "An eminent Court Physician"! Our contemporary naïvely adds that it is a curious coincidence that Sir Oscar Clayton should have died of mere influenza. The suggestion is that people die of the dreaded chest complications. But then there are the two oranges a day to keep these off. It is rather cruel to deal so lightly with the prescriptions of a deceased practitioner. It is hard enough for a medical man to be responsible for prescribing for individual patients without having given to his prescriptions a universal application. Our contemporary must take on itself the great responsibility of any extension in the demand for port wine that may accrue from this paragraph. People are extremely ready to take port wine, especially with the double sanction of a religious newspaper and "an eminent Court physician."

THE LIVERPOOL SOUTHERN HOSPITAL.

AT the meeting of the trustees and subscribers to this hospital it was described by several of the speakers as "a fitting monument of the generosity of the people of this city." The sanitary system has been overhauled at a cost of £2000, and a theatre has been built for the performance of surgical operations. Mr. Wm. Adamson, in seconding the report, referred to the growing recognition of the advantages of the hospital as a clinical school and as an institution for instruction in practical medicine and surgery, and to the fact that the Southern Hospital had been fully recognised by the Royal Colleges of London as a complete school of clinical medicine and surgery, standing in exactly the same relation to University College as the Royal Infirmary of Liverpool.

VARIATIONS IN THE SIZE OF THE PELVIS DUE TO ITS OBLIQUITY.

J. J. FEDOROFF publishes in a Russian gynæcological journal an article on the variations in size of the pelvis of parturient women due to its degree of obliquity. Last year, after careful observation of eight cases, he came to the conclusion that the conjugate diameter varies in length, and that its increase is due to the amount of pelvic inclination. He also found that the adaptability of the child's head to the pelvic brim, in flat and narrow pelves, is considerably increased in Walcher's position—that is, when the child's breech lies higher than usual and the lower extremities are extended. Measurements on thirty-six patients have led him to confirm his previous statements, and also to extend to them the other diameters of the pelvic brim, as in like manner depending on the obliquity and narrowness of the pelvis.

DEATH CERTIFICATION OF INSURED CHILDREN

WE are pleased to notice that the authorities are disposed to supervise with due vigilance the certification of deaths occurring among insured children. Let us take a recent example. At Cheltenham, on Jan. 26th, Mr. M. F. Carter, the acting coroner, held an inquest on the body of an infant who had died suddenly. The child had been ill for a week, but until the evening of his death had received no medical attendance. He was then seen by a medical man and prescribed for, just in time to allow of the latter signing the usual certificate. In this instance, notwithstanding the obvious neglect in delaying so long to summon assistance, there was no suggestion of evil intention on the part of the parents, and a verdict was given in the terms of the certificate, assigning congestion of the lungs as the cause of death. Notwithstanding this result, there can be no question as to the expediency of an inquest in this case. Others of a like sort, but by no means above the suspicion of criminal practice, have been marked by identical characters—the fact of insurance, the same neglectful delay, the same rapidly fatal issue. If we would add anything to the remarks already made it would only be to emphasise the duty incumbent upon medical practitioners to use the greatest circumspection in dealing with such cases. We have nothing to say against the practitioner's judgment in granting the certificate already referred to, but we should, in the absence of specially palliative considerations, regard such parental neglect as here occurred as in itself deserving of exemplary exposure.

THE EDINBURGH UNIVERSITY CLUB.

THE club was at its best on Wednesday night, under the genial presidency of H. Rutherfurd, Esq., barrister-at-law, who showed that while the medical faculty of the University had predominated for 150 years, men of other faculties gave lustre to the University. There was a goodly attendance. Previous to the dinner the annual meeting was held, and the reports were, on the whole, satisfactory. The chief event of the evening, regretted by all, was the retirement of Dr. Pringle from the treasurership, which he had held so ably for five years. His health was very feelingly proposed at the dinner by Dr. Potter.

FOREIGN UNIVERSITY INTELLIGENCE.

Naples.—This university, which was closed because of disturbance amongst the law students, has now been re-opened.

St. Petersburg (*Military Medical Academy*).—The lectures on Special Pathology and Therapeutics and the clinic formerly under the charge of Professor Manassein have been entrusted, during the vacancy caused by that gentleman's resignation, to Professor Chudnovski.

DEATHS OF EMINENT FOREIGN MEDICAL MEN.

THE deaths of the following distinguished members of the medical profession abroad have been announced:—Dr. Alexander Lumnitzer, formerly Professor of Surgery in the University of Buda Pesth, at the age of seventy-one, after many years' ill-health.—Dr. Ed. Coen, lecturer on Pathological Anatomy in Bologna.

THE second of the Hunterian Society's Lectures for 1891-92 will be delivered by Dr. Hughlings Jackson, F.R.S., in the large lecture theatre of the London institution, Finsbury-circus, on Wednesday, Feb. 24th, at 8.30 P.M. The subject of Dr. Hughling Jackson's lecture will be "Neurological Fragments," and the lecture is open to all members of the profession.

THE 119th anniversary dinner of the Medical Society of London will take place at the Whitehall Rooms, Hôtel Métropole, on Saturday, March 12th, R. Douglas Powell, M.D., F.R.C.P., President, in the chair.

MR. W. W. E. FLETCHER, M.B. Cantab., M.R.C.S. Eng., &c., medical officer of health of the Ormskirk Union, has been appointed to one of the medical inspectorships under the Local Government Board.

MR. W. HEATON HAMER, B.Sc. Lond., M.D. Cantab., M.R.C.P. Lond., has been appointed Assistant Medical Officer of Health of the London County Council, at a salary of £500, rising to £600.

MEETING OF THE GENERAL COUNCIL OF THE UNIVERSITY OF EDINBURGH.

ON Friday of last week (Feb. 5th) a special meeting of the General Council of the Edinburgh University was held; it was convened by the Chancellor, the Right Honourable A. J. Balfour, in virtue of a requisition presented to him by a quorum of members of Council. Sir William Muir presided, and there was an unusually large attendance of members. The reason of this special meeting was that since the last statutory meeting of Council in the end of October, 1891, two draft ordinances issued by the Universities Commissioners had been received by the Secretary of the Council—viz., General No. 9, Regulations for Graduation of Women, and General No. 10, Regulations as to Assistants and Lecturers. Both were issued in the middle of November, and any amendments or objections had to be submitted to the Commissioners on or before the 16th of the present month. The draft ordinances referred to were considered by the Standing Committee of Council on communications to the Commissioners, and who prepared reports thereon, which were submitted to the meeting on Friday. The report on Draft Ordinance, General No. 9, points out that this ordinance enables the University Court of each University to admit women to graduation in arts and medicine, and makes such provision for their teaching as in the opinion of the committee would tend to place the University education of women in these faculties on a basis of substantial equality with men as far as the necessarily permissive character of the ordinance admits. Exception is taken to there being no opportunity left open for considering any similar provision in future in law or divinity. The committee regard the provisional clauses, recognising extra-academical teaching as qualifying for graduation so long as University classes are not fully available for women, to be fair and reasonable; but they urge that these clauses should be so far retrospective as to enable the courts to take account of students who have already attended regular courses and obtained certificates in examinations of the same character and standard as those for the M.A. degree. This report as well as the following were submitted by Mr. Taylor Innes, advocate, convener of the committee.

The second report was on the ordinance dealing with assistants and lecturers. The committee point out that from want of definiteness they have had difficulty in judging readily of this ordinance, more especially as to the means of increasing the teaching power in the University. The increase is necessary from the admitted evil of excessively large classes, the desirability of dividing large and important subjects into several departments, and the urgent necessity of increasing the number of, and the attendance at, practical classes in the Medical Faculty. In dealing with a former draft ordinance the committee expressed approval of two modes of diminishing the evil of excessively large classes (1) by enlarging the duties and improving the status and emoluments of University assistants; and (2) drawing more completely into the University system the extra-mural teachers in Edinburgh. In addition, there is a third expedient which the committee desire to see adopted—namely, subdividing Chairs, and appointing additional professors. The report then proceeds to deal with the proposals of the ordinance as regards (1) assistants and (2) lecturers. As regards assistants, the committee points out that the provision that they are to be paid out of the University funds will throw an additional burden on these, and will at the same time relieve those professors who at present pay a share, if not the whole, of their salaries. The committee see no reason why professors who draw a large amount of fees from practical classes should be relieved of the burden of paying those who do most of the work, especially as the effect of the present arrangement is to enable the professors to engage either in private research or in private professional practice. The committee further suggests that the duties of assistants shall be approved by the University Court as well as by the Senatus, seeing the duties are defined by the professor. The senior assistants in the Medical Faculty not only deliver lectures in supplement of those of the professors, but, in their absence, deliver lectures in the ordinary courses, and that in addition to conducting practical classes, superintending the laboratories, and reading examination papers and essays; and this being the case, if the Commissioners intend to make a change in their duties by the use of the term "tutorial work," it ought to be clearly defined. They further suggest that the chief assistants should have a distinctive title. The assistants are appointed on the recommendation of the professor. As regards lecturers, the ordinance provides for two classes: (1) the subjects not already taught in the University; and (2) on subjects already taught in part, with a view to preparing candidates for graduation in honours and in subjects not fully covered by the professor's lectures, and also with a view to increasing the teaching power when that is desirable. The ordinance determines that assistants shall be eligible as lecturers and *vice versâ*, and the committee take serious objection to this, and strongly recommend that the same person should not be allowed to hold office in both capacities. The committee further comment on there being no provision for initiating proceedings for the establishment of lectureships. They further regret that ambiguities appear which suggest a doubt whether the lecturers are intended to be really independent and not merely assistants under another name. They also contend that powers over teaching and teachers should be retained and exercised by the University Court. They think, further, that the Court should have power to make appointments of independent lecturers on subjects already taught within the University, not merely when it appears to be necessary, but when it appears to the Court to be desirable. The foregoing gives but an outline of the report, but sufficient to indicate its scope and the main points insisted on.

DR. HAYCRAFT moved that the following be an addition to the committee's report:—

"The Council regrets that the University Commissioners do not propose the creation of any new chair in the Faculty of Medicine, and submit that if the Commissioners are not prepared to take the initiative in this matter, the staff of the University would remain, in their opinion, inadequate both for teaching purposes and for the direction of original research; that an addition of thoroughly capable and experienced teachers is necessary, as no addition to the medical professoriate has been made since 1836, in spite of the enormous increase of students, the institution of many new classes, and the development of a number of recognised specialities not known at that time. There is ample room in every department of the Faculty for the creation of at least one fresh speciality, and even then the specialisation would not be as great as that in an average German University. It is not to be expected that this addition to the teaching staff will be made by means of assistant lecturers proposed by the Commissioners. In order to obtain and retain the services of capable and experienced men, a University status, independent of the jurisdiction of another endowed lecturer, and emoluments of at least £400 a year ought to be provided."

Dr. Haycraft supported his motion in an admirable speech. Referring to the statistics of forty foreign Universities, he found that at these there was an average of twenty-five or twenty-six professors in the medical faculty; at Berlin and Vienna the number was over sixty. That was evidence of specialisation beyond anything they had in Scotland; and even in the extra-mural school in Edinburgh there was a specialisation going on which was distinctly in advance of the University. Considering the degree of specialisation developed abroad, and the fact that a considerable amount of time was spent by a number of the professoriate of Edinburgh in duties outside their University work, he submitted that, as a result, no great original work could be turned out at the University under present circumstances. He then referred to the inadequate remuneration of the assistants who were doing professorial work, and the fact that the new regulations did not improve their position. He did not think that any man of capacity and experience would ever retain his post with a one-year appointment and an insufficient remuneration, and that entirely under the jurisdiction of any individual member of the faculty. There was no attempt on the part of the Commissioners, and from the knowledge they possessed he did not think there would be any attempt on the part of the medical faculty in the University, to increase the number of men who would be able to remain at the University to take up differential work and add to its prestige. A young teacher might be got to accept the position, but he would take the first appointment elsewhere, and the University would only retain the services of young men or men who had failed to get positions elsewhere.

DR. BERRY HART seconded this motion, and dwelt on the fact that, although Lister had done much of his great work in Edinburgh, bacteriology, upon which his work was based, had gone to France and Germany.

MR. TAYLOR INNES accepted the proposed addition to the report, which was accepted without opposition.

Dr. CATHCART then moved: "That the General Council of the University of Edinburgh deem it advisable that in any scheme of medical reform provision should be made by the University Commissioners for insuring the diminution of the number of systematic lectures, increasing the practical work, and allotting at least two years for the final subjects, and that careful provision be made for more thorough and efficient examination in all the professional subjects."

This was seconded by Mr. CAIRD and agreed to unanimously. This motion originally contained a clause in favour of the establishment of an honours school; but as this clause was to be opposed, it was made a separate motion.

Dr. BYROM BRAMWELL, supported by Dr. NOEL PATON, opposed this motion, the former taking the same line of reasoning followed by him at the public meeting of the Reform Association.

On the suggestion of Mr. TAYLOR INNES a compromise was arrived at in the following terms: "That provision be made for honours being awarded in respect of high distinction in special departments of medicine, as well as in respect of high general excellence."

In the discussion on the Honours School, Professor RUTHERFORD enlarged upon the excellence of the University and its present methods, and was criticising the statement of the Reform Association when he was called to order, but indications were afforded by his speech that the attitude of the Senatus towards the Association and its proposals would evidently be strongly antagonistic.

LUNACY IN VICTORIA.

THE report of the Inspector of Lunatic Asylums for Victoria for the year 1890 gives much interesting detail regarding the insane in that colony, which at the end of that year had an estimated population of 1,147,994. The admissions during the year numbered 729, or 75 more than in the previous year. Of those admitted, 581 are stated to have come for the first time under asylum treatment, and 148 had previously suffered from mental affection—viz., 112 once, 24 twice, 6 thrice, 2 four, 2 five, and 2 six times. On Dec. 31st, 1890, the registered insane, as compared with the entire population, bore the proportion of 1 to 304. In New South Wales there is 1 insane person in 377, in South Australia 1 in 410, and in England 1 in 341 of the general population. The report states that the high rate of insanity in Victoria can only be surmised, though various influences at work suggest an explanation. Chief amongst these are (*a*) the facilities offered by the lunacy system for safely and cheaply disposing of weak-minded persons who may have become a burthen to their proper guardians. The cost of medical examination of persons suspected of being insane, as well as of the transport of lunatics and their maintenance in the asylums, are largely borne by the State, not by municipal or district authorities, as in other countries. (*b*) The poor-house system of Britain has no equivalent in Victoria, and in so far is wanting an outlet for a large class of asylum inmates. (*c*) The standard of mental unsoundness in use leads to many persons suffering only from old age, and harmless as regards themselves or others, being certified as insane. (*d*) The mortality amongst patients has been low, resulting in an accumulation of the old and incurable. (*e*) A large number of the population follow nomadic pursuits, and so are especially exposed to some of the most potent causes of mental disease. The average number resident during the year was 3541—namely, 1954 males and 1588 females. The recoveries were at the rate of 39·25 per cent. of patients admitted, comparing unfavourably with the average of recoveries—43·08 for the past twenty-three years. The returns are regarded as showing that the number of incurable cases admitted was larger, and the recoveries were reduced by a larger number than usual being entered as "relieved." The mortality amounted to 7·45 per cent. of the average numbers resident, a slight advance on that for the past twenty-three years, which give 7·18 per cent. as the average. The boarding-out system was brought into force during the year, but the efforts in this direction proved in some measure abortive, the result rather tending to show that the social conditions of the colony would preclude any extensive application of the system. "People of moderate independence apparently shrink from the responsibility involved, and any considerable extension of the system could probably only be achieved at a prohibitory cost." Roughly speaking, about one-half of the inmates are able to work, and they are employed principally in farming, gardening, washing, sewing, and household work, and only a small number have shown any inclination to learn trades requiring skill. The idiot children number eighty-nine, and considerable amount of pains is taken to teach them as far as their condition will permit, object lessons, drill, and useful work constituting part of the training. There are about fifty criminal lunatics in the asylums, and attempts are being made to get separate and more suitable accommodation for this class of the insane, as "their association with other patients is open to manifest objection." In the various asylums classes have been formed where the warders may acquire special knowledge bearing on their duties, but many of the warders failed to take full advantage of the opportunities thus afforded them. However desirable it is that warders (all attendants) should submit to special instruction, we agree with the inspector in questioning the fairness of insisting upon the attendants acquiring a knowledge of psychology, physiology, and anatomy where there was no stipulation to that effect when they entered the service. Dr. Dick concludes with the following judicious remarks on this subject:—"The position would, perhaps, best be met by establishing a limited higher class of warders, admission to which should depend on the possession of certain attainments, to be tested by examination. It is not to be forgotten that some of the most useful and trusted attendants could not hope to bear such a test, and that, conversely, the ability to pass an examination would be altogether delusive as evidence that any particular person was trustworthy or possessed the tact, good nature, cheerfulness, activity, and other qualities essential in an attendant upon the insane." The cost of maintenance per week dropped from 12*s.* 2*d.* *per caput* in 1889 to 11*s.* 11¼*d.* in 1890, this latter rate being further reduced to 10*s.* 8*d.* by taking credit for certain payments into the Treasury. Overcrowding is seriously complained of in the asylums as injuriously affecting the health of the patients, impeding management, and necessitating the occupation by patients of portions of the buildings never intended to be used in such a manner, and altogether unsuitable for the purpose. It is to be hoped that the Government will see the necessity as well as the advisability of taking steps ere long to remedy a state of things which not only hampers efficient administration, but also is an indirect source of expense to the colony by retarding recoveries.

THE ROYAL BRITISH NURSES' ASSOCIATION.

A MEETING of the General Council of this Association, summoned by command of the President (H.R.H. Princess Christian), was held at 20, Hanover-square on Monday, the 8th inst., to consider the advisability of proceeding to seek for incorporation by means of a Royal Charter.

Sir DYCE DUCKWORTH presided, and, in moving a resolution authorising the Executive Committee to act in the manner proposed, he said the Association ever since its foundation four years ago had accomplished a great deal of very valuable and good work, but not without exciting opposition in various quarters. Perhaps no good work had ever been carried out in this world without doing so. The Board of Trade had refused the application for registration under the Companies Act, and had shut its doors against them, and now the Association must either go backwards or forward to something else. He hoped the Association would go forward fearlessly, as it had nothing to fear, and in that true British spirit of determination which would take no refusal until something very near absolute success was attained. He believed this Association was pre-eminently fitted to do the work required to be done, and there were no other means which could help forward the Association in its work than by boldly applying for a Royal Charter which would enable it to fulfil all the purposes for which it had been designed, and without which the Association would fall short of its ideals.

Mr. BRUDENELL CARTER seconded the resolution. They had practically been invited by the President of the Board of Trade to take some step by means of which the oppo-

sition to the Association might be unearthed and estimated at its proper value. They would not shrink from the challenge. All the objections urged against the registration of the Association were based upon statements absolutely erroneous, and nothing could be placed before the Privy Council which could afford any valid reason why this Charter should be refused.

Dr. BEZLY THORNE briefly reviewed the situation, and criticised the action of the President of the Board of Trade in assuming judicial functions, and, in so doing, in neglecting to perform one of the most essential duties of a tribunal—that of affording a hearing to both sides. The Association had no alternative but to adopt the suggestion of the Executive Committee.

This resolution was carried unanimously.

Dr. BEDFORD FENWICK said he had been asked to announce on behalf of her Royal Highness the President that she would be kind enough to make the application direct to the Queen in Council in her own name. The Association all over the world owed a deep debt of gratitude to her Royal Highness for what she had already done; and for this last mark of her interest in the work of the Association. Her steadfast determination to uphold justice to nurses would be welcomed and realised by the public as well as by the nursing profession.

Sir EDWARD SIEVEKING moved a resolution from the Royal British Nurses' Association, representing nurses in every part of Her Majesty's empire, expressing heartfelt sorrow with the Queen and the Prince and Princess of Wales in their recent bereavement. Her Royal Highness undertook to sign this address, and to forward it to the Queen and the Prince and Princess of Wales.

H.R.H. Princess CHRISTIAN then said: "At the time of my husband's sad accident I received much sympathy from the members of the Council and from the British Nurses' Association, and I have not had any opportunity of thanking them till now. I beg to return my warmest thanks and his at the same time."

Dr. PRIESTLEY moved a vote of thanks to Princess Christian for presiding, which was warmly accorded and graciously acknowledged.

Her Royal Highness afterwards moved a vote of thanks to Sir Dyce Duckworth for his conduct in the chair.

At the close of the business Mary Anne Sandford was elected first pensioner of the Princess Helena Pension for Nurses. Her Royal Highness then presided at a meeting of the Executive Committee.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

County Palatine of Durham.—Dr. Henry Armstrong has prepared a valuable summary for the Durham County Council on the reports of the medical officers of health for the forty-seven sanitary districts within their jurisdiction. For the twenty-three urban districts the mean mortality was 18·5 per 1000, for twenty-two rural districts it was 17·0 per 1000, the two remaining districts being ports. Spennymoor urban district, long a prominent one as regards faulty sanitary circumstances, takes the unenviable lead as to zymotic death, that rate being 3·4 per 1000. Notification of infectious diseases has not found much favour in the county, for only sixteen districts, including two ports, have adopted it, and only nine districts have as yet made any provision for the isolation of cases of such diseases. As in some other counties, reference is made to the want of uniformity in the plan of construction of annual reports, a want which prevents comparison as regards the several districts. Uniformity often tends to destroy the distinctive character of reports, and to reduce all to a common level; but there is no reason why, as regards the more important matters, there should not be some uniformity as to the subjects dealt with in the reports, and we understand that Dr. Armstrong only wishes uniformity in some such sense. Appended to a general introductory chapter, the report contains a summary account of the leading features attaching to each of the several sanitary districts concerned.

Stapleton Urban District.—This district had during 1891 a general death-rate of 18·0 per 1000, which exceeds that for any of the last ten years, and it is stated that epidemic influenza has been an important factor in bringing about this result, otherwise the ordinary zymotic rate was only 1·2 per 1000. The measures adopted to stay the spread of certain diseases, such as diphtheria, are recorded by Dr. William Brown, who also adverts to the prevalence of overcrowding in cowsheds, to the need for a public mortuary, to the desirability of extending the sewer system to localities where growth of population is taking place, and to the absence of any system for the compulsory notification of infectious diseases.

Aston Manor Urban District.—The general death-rate during last year was 16·9 per 1000. Though this is a trifle higher than the mean for the last ten years, it is rather lower than the rate for 1890, notwithstanding severe prevalence of influenza. As an instance of the class of preventive work going on in this district, it may be stated that during 1891 the number of scarlet fever cases reported was 337. No less than 236 houses were dealt with by stripping, cleansing, and disinfection; 242 lots of bedding and clothing were disinfected; and 124 of the patients were isolated in hospital. And as regards hospital isolation for all the infectious fevers, no less than 224 in all were so dealt with; indeed, the original hospital has been extended as its utility has increased. This and many other matters indicate excellent sanitary work, and good supervision of all that relates to the public health. We note especially that Mr. Henry May is taking proceedings with a view to action under the Housing of the Working Classes Act, 1890.

Chelmsford Rural District.—In a descriptive account of the general circumstances of this rural district, Dr. Thresh refers to the damming up of the river-water at Moulsham Mill outside the town of Chelmsford, and he incidentally notes the injurious consequences to which this gives rise. This bears out what we have recently contended, and it will afford surprise that Chelmsford can allow such a cause of ill-health to remain for so long a period without some real effort to remove it. The various sanitary circumstances affecting the whole rural district have been made the subject of careful study, and a commencement of work by way of distributing causes of death according to soil and topography generally has been made. Standing alone, it is found that as yet inferences are hardly capable of being drawn, but extension of such work might readily lead to valuable information. Many improved water-supplies have been obtained in the district, the housing of the labouring classes is receiving careful consideration, and in several localities the drainage and sewerage have been improved. The general death-rate for 1891 was 15·3 per 1000. The report is typical of what an annual report for such a district should be. It is comprehensive, and yet definite in giving information on all points of importance; and although it covers some fifty pages of printed matter, the author has found no reason for delaying its issue, as is so often done, until its interest and value have been greatly diminished by mere lapse of time.

Stroud Urban District.—Mr. Partridge reports a somewhat extensive outbreak of scarlet fever during the past year, and he explains how, owing to absence of information as to attacks and otherwise, measures of prevention were seriously limited. The hospital had to be closed, as had also the free library. Owing to diphtheria, flushing of sewers was resorted to, and this revealed the escape of sewer-air into houses, indicating the absence of proper means of aerial disconnexion. The general death-rate was unusually high—namely, 19·2 per 1000 living. Although a good public water-supply is available, and is generally in use, yet polluted and suspicious supplies are still resorted to by some. The discovery of these, but not the action taken, is reported, unless the latter comes within the description of improved water-supplies named in the sanitary inspector's appendix.

Bisley Urban District.—Closure of schools had to be resorted to in this district owing to measles, but apart from this, Mr. Partridge reports that zymotic diseases were not prevalent. The general death-rate for 1891 was 15·5 per 1000. A public water company are gradually increasing the number of their house connexions, and sanitary work generally seems fairly well maintained.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns 6622 births and 5106 deaths were registered during the week ending

Feb. 5th. The annual rate of mortality in these towns, which had been 35·4 and 32·1 per 1000 in the preceding two weeks, further declined last week to 26·2. In London the rate was 30·6 per 1000, while it averaged only 23·1 in the thirty-two provincial towns. The lowest rates in these towns last week were 13·8 in Bradford, 16·2 in Leicester, 17·1 in Leeds, and 17·4 in Halifax; the highest rates were 27·7 in Blackburn, 30·6 in London and in Portsmouth, 31·1 in Preston, and 39·6 in Norwich. The 5106 deaths included 440 which were referred to the principal zymotic diseases, against numbers declining from 604 to 455 in the preceding three weeks; of these, 240 resulted from whooping-cough, 72 from measles, 38 from diarrhœa, 36 from diphtheria, 31 from scarlet fever, 23 from "fever" (principally enteric), and not one from small-pox. No fatal case of any of these diseases was registered in Birkenhead; in the other towns the lowest zymotic death-rates were recorded in Leicester and Blackburn, and the highest rates in Preston, Sheffield, Salford, and Swansea. The greatest mortality from measles occurred in Liverpool, Derby, Wolverhampton, and Gateshead; from scarlet fever in Cardiff; from whooping-cough in London, Sheffield, Portsmouth, Salford, and Swansea; and from diarrhœa in Salford and Preston. The mortality from "fever" showed no marked excess in any of the large towns. The 36 deaths from diphtheria included 27 in London and 2 in Manchester. No fatal case of small-pox was recorded in any of the thirty-three great towns; 6 small-pox patients were under treatment in the Metropolitan Asylum Hospitals, and 2 in the Highgate Small-pox Hospital on Saturday last. The number of scarlet fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital at the end of the week was 1274, against 1397 and 1329 at the end of the preceding two weeks; 101 new cases were admitted during the week, against 116 and 100 in the previous two weeks. The deaths referred to diseases of the respiratory organs in London, which had been 1465 and 1192 in the preceding two weeks, further declined last week to 761, but were 279 above the corrected average. The causes of 90, or 1·8 per cent., of the deaths in the thirty-three towns were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Portsmouth, Bristol, Leeds, Sunderland, and in nine other smaller towns; the largest proportions of uncertified deaths were registered in Leicester, Liverpool, Salford, and Sheffield.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 27·2 and 24·7 per 1000 in the preceding two weeks, further declined to 22·0 during the week ending Feb. 5th, and was 4·2 below the mean rate during the same period in the thirty-three large English towns. The rates in the eight Scotch towns ranged from 15·3 in Paisley and 18·5 in Dundee to 21·6 in Leith and 24·7 in Glasgow. The 612 deaths in these towns included 20 which were referred to whooping-cough, 10 to diphtheria, 8 to "fever," 8 to diarrhœa, 7 to measles, 2 to scarlet fever, and not one to small-pox. In all, 55 deaths resulted from these principal zymotic diseases, against 72 and 41 in the preceding two weeks. These 55 deaths were equal to an annual rate of 2·0 per 1000, which was 0·3 below the mean rate last week from the same diseases in the thirty-three English towns. The fatal cases of whooping-cough, which had been 24 and 16 in the preceding two weeks, rose again last week to 20, of which 10 occurred in Glasgow, 5 in Aberdeen, and 3 in Paisley. The deaths referred to diphtheria, which had been 9 and 4 in the previous two weeks, rose to 10 last week, and included 4 in Dundee, 2 in Glasgow, and 2 in Aberdeen. The 8 fatal cases of "fever" showed a slight further increase upon recent weekly numbers, and included 6 in Glasgow. The 7 deaths from measles exceeded by one the number in the preceding week; 5 occurred in Glasgow. The 2 fatal cases of scarlet fever corresponded with the number in the previous week, and included 1 in Greenock and 1 in Perth. The deaths referred to diseases of the respiratory organs in these towns, which had been 230 and 211 in the preceding two weeks, further declined last week to 173, but exceeded by 12 the number in the corresponding week of last year. The causes of 59, or nearly 10 per cent., of the deaths last week were not certified.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had been 54·1 and 41·5 per 1000 in the preceding two weeks, further declined to 33·6 during the week ending Feb. 5th. During the first five weeks of the current quarter the death-rate in the city has averaged 41·6 per 1000, against 38·1 in London and 22·0 in Edinburgh. The 225 deaths in Dublin during the week under notice showed a decline of 53 from the number in the preceding week, and included 3 which were referred to diarrhœa, 2 to whooping-cough, 1 to "fever," and not one either to small-pox, measles, scarlet fever, or diphtheria. In all, 6 deaths resulted from these principal zymotic diseases, equal to an annual rate of 0·9 per 1000, the zymotic death-rate during the same period being 2·9 in London and 0·8 in Edinburgh. The 3 fatal cases of diarrhœa exceeded the numbers recorded in recent weeks. The deaths referred to whooping-cough, which had been 10 and 5 in the preceding two weeks, further declined to 2 last week. Only one fatal case of "fever" was registered last week, against 5 and 3 in the preceding two weeks; this is the smallest number recorded in any week since August last. The 225 deaths in Dublin last week included 24 of infants under one year of age, and 76 of persons aged upwards of sixty years; the deaths both of infants and of elderly persons showed a further decline from the high numbers recorded in the preceding two weeks. Six inquest cases and 2 deaths from violence were registered; and 69, or nearly a third, of the deaths occurred in public institutions. The causes of 20, or nearly 9 per cent., of the deaths in the city last week were not certified.

THE SERVICES.

THE death is announced of Patrick Sinclair Laing, Deputy Inspector-General, Inspecting Medical Officer of the Army and Navy Stores and Auxiliary, aged seventy.

Mr. J. Holt, Surgeon, 1st Bombay Lancers, was accidentally, while playing polo, thrown from his horse, and died a few hours afterwards from fracture of the skull.

ARMY MEDICAL STAFF.—Surgeon-Colonel Geo. Langford Hinde, C.B., to be Surgeon-Major-General, vice Sir J. A. Hanbury, M.B., F.R.C.S.I., K.C.B., retired; Brigade-Surgeon-Lieutenant-Colonel Albert Augustus Gore, M.D., F.R.C.S.I., to be Surgeon-Colonel, vice G. L. Hinde, C.B.; Surgeon-Lieutenant-Colonel William Johnston, M.D., to be Brigade-Surgeon-Lieutenant-Colonel, vice A. A. Gore, M.D., F.R.C.S.I. (all dated Jan. 13th, 1892).

NAVAL MEDICAL SERVICE.—The following appointments have been made at the Admiralty:—Staff Surgeons: W. E. Bennett to the *Sans Pareil* and Michael Ronan to the *Alexandra* (both dated Feb. 9th, 1892); Stewart F. Hamilton to the *Durham* (dated Feb. 3rd, 1892); James Porter, for medical duties of ship and Bermuda Dockyard (dated March 4th, 1892). Surgeons: John P. J. Coolican to the *Belleisle* and Thomas R. Pickthorn to the *Vivid*, for Royal Naval Barracks (both dated Feb. 8th, 1892); John D. Menzies to the *Sans Pareil* (dated Feb. 9th, 1892); John L. Bagnall-Oakley to Royal Marine Artillery, Eastney (dated Feb. 10th, 1892).

MILITIA MEDICAL STAFF CORPS.—Hampshire Company: Surgeon-Captain William Collingridge, M.D., from the 3rd Division, Volunteer Medical Staff Corps, to be Surgeon-Major, and Surgeon-Captain William Wellington Lake, from the 1st Division, Volunteer Medical Staff Corps, to be Surgeon-Captain (both dated Feb 6th, 1892).

VOLUNTEER CORPS.—*Rifle:* 2nd Volunteer Battalion, the Essex Regiment: Surgeon-Captain E. Shedd to be Surgeon-Major (dated Feb. 6th, 1892).—3rd London: Surgeon-Captain G. Hastings to be Surgeon-Major (dated Feb. 6th, 1892).

CHESTERFIELD HOSPITAL PENNY FUND.—At the annual meeting of the promoters of the above fund, held recently, a report was presented by the Committee of Management showing that £90 3*s.* 1½*d.* had been collected in the boxes at various places in the town, whilst Mr. H. Gilberthorpe, the secretary, received amounts during the year amounting to nearly £50. Relief had been granted in 329 cases. The committee are anxious to have a ward set apart in connexion with the Chesterfield Hospital for the treatment of medical cases, so as to avoid the necessity of sending such cases to other hospitals.

Correspondence.

"Audi alteram partem."

ENTERECTOMY.

To the Editors of THE LANCET.

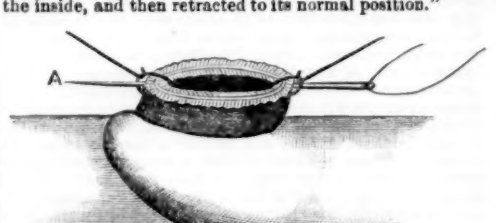
SIRS,—In THE LANCET of Jan. 23rd, 1892, p. 223, under the heading, "A Suggestion for the Treatment of Irreducible Intussusception of the Bowels," Mr. F. B. Jessett makes the following remarks:—

> Mr. A. Barker will be interested to hear that last year, in conjunction with Dr. Morrotti, I made a series of experiments with a view of testing the feasibility of the operation. All these experiments, three in number, were successful. The steps I adopted were as follows: In the first place, I created an artificial intussusception, and allowed this to exist from six to ten days before operating for its relief; at the end of this time I found the invagination firmly adherent at the point at which the intussuscipiens receives the intussusceptum; the former was somewhat congested and œdematous. I made a longitudinal incision into the intussuscipiens on the side furthest from the mesentery, directly over the intussusceptum, about an inch and a half long, so as to allow of my being able to have a good view of and sufficient room to cut the intussusceptum across through the opening. I next seized the invaginated piece of intestine with vulsellum forceps and snipped it across about half an inch from the proximal end, catching up and tying any vessel that needed it, then with a series of interrupted sutures stitched the divided ends of the stump around, and returned it into the intestine, closing the longitudinal opening in the intussuscipiens with a double row of chromic gut sutures.

I am proud to learn that so excellent an authority on intestinal surgery as Mr. F. B. Jessett now advocates the above operation. It is practically the same operation in every particular that I worked out and demonstrated eight or ten years ago in the Dunedin Hospital, Otago, New Zealand. I sent a notice of my paper on "Resection of the Intestine by a New Method" to the Intercolonial Medical Congress of Australasia, held in Adelaide, August, 1887. The notice was published at the Congress, but as I had a large number of surgical cases for that Congress I delayed the paper until the second Intercolonial Medical Congress, which was held in Melbourne, January, 1889. The paper begins with a description of a new bowel clamp devised by me. A short description of it appears in Treves' masterly work on "Operative Surgery," vol. ii., page 320. The following are extracts from my Congress paper on Enterectomy.

"When the entire circumference of the intestine is involved in a wound the bowel must be invaginated so as to bring the peritoneal surfaces into perfect contact all round, and suture them in that position. How is this to be accomplished? When nature performs enterectomy successfully, she invaginates the upper portion of the intestine into the lower, and when the peritoneal surfaces have united by adhesive inflammation the invaginated bowel sloughs off with impunity. Let us copy nature as closely as possible.

"These temporary ligatures are very important, as they secure the proper relative position of the two cut ends of the gut, and facilitate their subsequent invagination through the opening made in the larger segment of the gut. (See diagram.) If you examine the gut in a living animal, you will find the bloodvessels pass into it from the mesenteric attachment. These divide and subdivide, until they are lost in an invisible anastomosis in that portion of the intestine most distant from the mesentery. I propose to make an opening here in the larger segment of the gut, through which the invaginated ends of the divided bowel may be dragged by the temporary sutures, and when they are accurately sewn together all round they can be pulled back into their normal position. The longitudinal slit in the larger bowel, which begins about an inch from its transverse section, is brought together by a continuous suture. By this simple device the perfect union by suture of a complete transverse section of the bowel, with its peritoneal surfaces in exact position and all the knots of the sutures on the inside, can be accomplished. This opening should be made about an inch from the severed end of the larger bowel; its length depends on the size of the gut to be invaginated. In performing this part of the operation pinch up the coats of the intestine between the finger and thumb and transfix with a tenotomy knife. This operation is applicable to any part of the large or small intestine, and the pyloric end of the stomach may be excised in the usual manner and invaginated through an opening in the centre of the anterior wall of the stomach, sewn up from the inside, and then retracted to its normal position."



From this diagram it may be seen that the peritoneal surfaces are in accurate juxtaposition all round. While an assistant holds the ends of the temporary sutures, the surgeon passes a straight needle armed with stout horsehair through both sides of the bowel; the horsehair is then hooked up from the centre of the invaginated gut, divided, and tied on both sides. In this way twenty sutures can be placed rapidly in position with ten passages of the needle. The temporary sutures are now cut off short, the bowel pulled back, the longitudinal slit in the larger bowel closed with a continuous suture, and the mesentery brought together with four or five interrupted sutures.

In December, 1886, I first proved the ease and feasibility of my operation by successfully excising a cancer involving the entire calibre of the ileum to the extent of four inches. The case was a patient of D. Colquhoun, M.D. Lond., Lecturer on the Practice of Medicine in the Otago University, who very kindly handed it over to me for operation. Two operations were performed on this patient. The first operation, an exploratory laparotomy, revealed a mass of cancer, the size of a large lemon, involving the entire circumference of the ileum to the extent of four inches. As the mesenteric glands were enlarged and infiltrated with cancer, and the gut still slightly permeable, it was deemed unadvisable to attempt excision. The abdomen was completely drained of ascitic fluid and the laparotomy wound sewn up. For two weeks the child seemed wonderfully improved by the operation, which had relieved tension. At the end of the fourth week the bowels became completely occluded, and nothing was retained on the stomach. A consultation of the staff of the hospital was called, and, as there was complete occlusion, it was decided to remove the occluded portion of the gut. The steps of the operation were as follows:—(*a*) My sponge clamps were applied; (*b*) cancer excised; (*c*) smaller segment of gut invaginated into larger; (*d*) artificially created intussuscipiens longitudinally incised in that part most distant from the mesentery; (*e*) invaginated bowel brought outside and sewn up with interrupted sutures; (*f*) invagination retracted, and longitudinal incision closed by continuous suture. The time occupied in the operation from first to last was half an hour. I was assisted by Dr. Colquhoun, Dr. Batchelor, Lecturer on Gynæcology, Otago University, and Dr. Roberts, Lecturer on Pathology, Otago University. For the first three days after the operation the child seemed to be progressing favourably, there being little or no sickness. On the fourth day it got weaker, and sank on the sixth day after the operation. At the post-mortem examination the segment of bowel operated on was removed; union between both cut ends of the bowel had taken place; there was not the slightest sign or symptom of leakage.

In looking over my notes of the above case I find a short account of it, written by Dr. Colquhoun, read by me at the Medical Congress at Adelaide, 1887, in conjunction with my paper on Enterectomy. The limited space at my disposal here prevents me from inserting these notes. At a future date I hope to publish them in full. In the concluding remarks Dr. Colquhoun says: "The operation for resection of the bowel can be safely and speedily performed by the method adopted by Dr. Maunsell."

Last June I wrote a paper for the *American Journal of Medical Science* describing and illustrating (eighteen dia-

grams) my method of enterectomy for disease and injury in all parts of the intestinal canal. Dr. Sydney Coupland, the local editor, informed me that the very large number of diagrams had delayed its production, but that in all probability it will appear in the next number of the journal. In that paper will be found the following description of my operation in cases of irreducible invagination. "In all cases of obstruction from irreducible invagination where rectal hydrogen inflation in the inverted position under chloroform has failed to reduce the intussusception, perform laparotomy. Having found the intussusception, first try uniform compression of the invaginated portion and gentle traction of the bowel in the usual way above the neck of the intussuscipiens. If this fails, *instead of completely* excising the intussuscipiens with the intussusceptum, as is generally advocated, or diverting the invaginated block from the physiological functions of digestion and assimilation so ingeniously devised by Maisonneuve, proceed to resect the intussusception in the following manner. [A diagram is here introduced showing the intussusceptum dragged out through a longitudinal slit made in that portion of the intussuscipiens most distant from the mesentery, and one inch below the neck of the intussuscipiens.] Gently withdraw the intussusceptum until its neck appears outside the slit in the intussuscipiens; transfix the base with two fine, long, straight needles, armed with strong horsehair or chromicised gut. Now amputate the intussusceptum a quarter of an inch clear of the needles, so as to leave a fair stump beyond them. Transfixing the neck of the intussusceptum previous to its amputation prevents it from flying back inside, and ensures the proper relative position of the different layers of the bowel previous to sewing them up. Having amputated the intussusceptum, pass the needles through and pick up the suture in the middle of the invaginated bowel; divide it and suture the bowel on both sides; leave the ends of the four sutures long, so as to hold the cut ends of the bowel in position until it is completely sutured up circumferentially. Now cut off the long ends of the sutures. Apply Woefler's mixture of iodoform and compound tincture of benzoin, the same that he applies to the surface of the raw stump after removal of the tongue, and withdraw the bowel. It now only remains to sew up the longitudinal slit with a continuous suture."

I arrived in England last May. Since then I have explained the principles of my operation for enterectomy in injury and disease, and its application to all parts of the intestinal canal, to several prominent British and continental surgeons (including Mr. Jessett, whom I assisted to perform my operation on dogs), all well up in the literature of enterectomy. Not one of these gentlemen hinted that the principles laid down in my operation had ever been tried or suggested before.

I am, Sirs, yours truly,

H. WIDENHAM MAUNSELL, M.D.,
Late Lecturer on Surgery, Otago University, N.Z.

Stanhope-gardens, Queen's-gate, Jan. 28th, 1892.

INFLUENZA.

To the Editors of THE LANCET.

SIRS,—At the discussion which took place some time ago on the above subject before the Medical Society of London, Dr. Theodore Williams asked me whether I could, in confirmation of my views on the pathology of influenza, point to any necropsies showing an unusual degree of hyperæmia at the base of the brain in such cases. I could not then answer his question in the affirmative, but have since seen a report of an epidemic in the Danish asylum of Aarhus, published by Helweg in the *Hospitals Tidende*, in which the results of eleven carefully performed post-mortem examinations are given. In all cases, without exception, there was found a most intense hyperæmia of the pia mater and brain such as is never seen in any other cases; and this was more particularly marked in the arteries at the base of the brain, which were filled with blood to bursting, and stood out as cylindrical cords, as if they had been injected with wax. The consistence of the brain and spinal cord was increased; in four cases there was also a fresh pachymeningitis, and in one case a fresh lepto-meningitis. It appears from this that the hyperæmia of grip is not simply an ordinary vaso motor hyperæmia, but a process tending to produce inflammation, the latter, however, becoming only fully developed in particularly suitable cases. A relationship between influenza and epidemic cerebro-spinal meningitis is therefore clearly shown to exist. Although Hellweg has not specified the condition of the medulla oblongata in his cases, it is quite clear, from the description he has given of the arteries at the base of the brain, that intense congestion of that organ must have existed; and the suggestion thrown out by Dr. Sisley at the meeting of the Medical Society just referred to—viz., that the process might be one of anæmia rather than of hyperæmia—is therefore disproved. In any future post-mortem examinations of cases of influenza I would urge pathologists to give particular attention to the condition of the bulb and its vascular supply.

I am, Sirs, yours faithfully,

Harley-street, Feb., 1892. JULIUS ALTHAUS, M.D.

To the Editors of THE LANCET.

SIRS,—In referring to my article in the *Nineteenth Century* you say "it is to be regretted that Dr. Maclagan's conclusions were not submitted for discussion in the medical journals rather than in a lay publication, and without being encumbered with so much hasty and debateable material." May I point out to you that there is nothing in that article which has not, and mainly through the pages of THE LANCET, been submitted for discussion in the medical journals.

On March 29th, 1873, THE LANCET published a paper by me entitled "A New Theory of Fever," in which were embodied the views which, after nineteen years, it now calls "hasty and debateable material." Debateable it may be; hasty it is not. In 1875, in the course of a discussion on the germ theory of disease at the Pathological Society of London, I enunciated the same views in what THE LANCET was good enough to call "a valuable contribution to the debate." In 1876 I published a book on the germ theory of disease, in which "this hasty and debateable material" was fully placed before the profession. In the same year I published, again in the pages of THE LANCET, my original paper on the treatment of acute rheumatism by salicin, in which I gave to the profession the results of my researches on rheumatism. In 1881 appeared my book on rheumatism, in which these researches were more fully laid before the profession.

In 1887 I published, again in the pages of THE LANCET, a paper on pyrexia and hyperpyrexia; and in 1888 a book entitled "Fever: a Clinical Study," which was very favourably reviewed by THE LANCET, and in which will be found "the hasty and debateable material" to which it now objects. In 1890, during the first epidemic of influenza, I published in THE LANCET a paper showing the good results got from the administration of salicin in full and frequent doses in that disease.

When influenza reappeared I sent to THE LANCET a second paper on the same subject; it was not inserted. The expression of regret that my conclusions were not submitted for discussion in the medical journals hardly comes well from the journal which omitted to give me the opportunity of continuing the discussion in its pages.

I am, Sirs, yours faithfully,

Feb. 9th, 1892. T. J. MACLAGAN.

To the Editors of THE LANCET.

SIRS,—In the present flux of comments on the prevailing epidemic I have found it noticeable that little reference is made to the disease as occurring in young children. It seems certain that previous epidemics have varied much in the liability to attack in children and in the fatality from it in them. Thus in 1438 an Italian historian speaks of the large mortality in children from the disease. An epidemic in 1578 described by Ballonius may have been one of pertussis, as it chiefly affected children, but it was described as influenza. And similarly, in subsequent epidemics the greater or less tendency of children to be affected is described. Thus in 1782 it is noted that the disease was least prevalent and least fatal in children. And, generally speaking, I think the same may be said of our present experiences as was said in 1782. The disease in young children as seen by me has differed notably from the complaint in adults. One might reasonably expect to find a bronchial catarrh taking on the graver conditions of capillary bronchitis and broncho-pneumonia in a large proportion of cases, but such does not appear to be the result. The type seems to be that the onset of the disease may be fairly compared to that seen in scarlet

fever before the occurrence of the rash. But with this an increase in respiration and a dry, hacking, laryngeal cough supervene. No physical signs exist in proportion to the respiratory quickening. The child is torpid rather than in the uneasy condition common in this disease in older persons, and may or may not refuse nourishment. The pulse is somewhat quickened and asthenic in nature; the temperature ranges variably; the skin is dry or may be slightly moist; no profuse perspirations have been observed as a rule. After a few days the fever has gone, but the child is left in a depressed bodily state, and the cough often remains and frequently assumes the paroxysmal type seen in whooping-cough, and is frequently followed, as in pertussis, by vomiting. The temperature runs up occasionally at night, at which time also the cough is most persistent. I may say that this cough is about as amenable to treatment as is that of pertussis, in my experience. One case, in which a faint erythematous blush of skin existed, was in my opinion influenza.—I am, Sirs, yours faithfully,

Feb. 8th, 1892. ARTHUR THOMSON, M.B., D P.H. Camb.

To the Editors of THE LANCET.

SIRS,—In reference to your annotation in this week's issue of THE LANCET on Influenza in Children, I may mention that in this neighbourhood, though few children have been attacked, this winter the number of cases is greater than it was two years ago. One of the complications this winter, both in children and adults, has been the occurrence of otitis media. Of this I have seen no less than ten cases—seven in children and three in adults. In all the cases in adults and in four of the cases in children there was perforation of the membrana tympani, with serous or sero-purulent discharge. In two children and one adult both ears were affected. I do not know whether my experience has been exceptional, but, judging from the few cases of ear disease recorded, it would appear to be so. In THE LANCET for the last two years the only references I can find to this subject are: (1) A letter from Dr. Bronner of Bradford on March 8th, 1890; and (2) a paper on "Influenza and Ear Disease in Central Africa," by Dr. John Bowie, on July 11th, 1891. The cases I have seen are of the more ordinary kind mentioned by the latter, and not like the atypical cases mentioned by Dr. Bronner. As the complication is a somewhat serious one I venture to ask you to call attention to it. I should like to add that in the three years previously to last October I had seen only one case of otitis media in my practice; that occurred in 1890 during an epidemic of measles.

I am, Sirs, yours faithfully,

Feb. 10th, 1892. R. ACKERLEY, M.B. &c. (Oxon.).

To the Editors of THE LANCET.

SIRS,—As a constant reader and an occasional contributor to your pages for forty years, I may perhaps claim a right to put my *spoke* in this "wheel," or rather "woe," of mankind. In some hundreds treated by me with ten grains of soda salicylate and five grains of antipyrin, as long as pain and fever are present, followed by nux vomica, aromatic spirit of ammonia, and dilute phosphoric acid, as a recuperative tonic, with regular liquid nourishment every two or three hours, I have scarcely lost a case, and there are now five patients under my care whose average age is eighty-four years. I find tepid sponging, and when practicable a warm bath, great adjuvants to recovery.

I am, Sirs, yours faithfully,

Cley, Norfolk, Feb. 10th, 1892. W. SUMPTER, M.D.

A SANITARY MODE OF SPREADING DISEASE.

To the Editors of THE LANCET.

SIRS,—Would it be asking too much of our sanitary authorities if we were to request that they would themselves refrain from the systematic neglect of obvious precautions against the dissemination of disease? As matters of health are now dealt with, a very great wrong is being done to the community under cover of rendering it a service. When a complaint of the presence of sewer gas in any house or locality is made, the drains, and not uncommonly the sewers, are opened; but, so far as can be judged by results, no effective means seem to be adopted to prevent the contamination of the atmosphere by this disturbance. Surely, it ought to be a rule of practice among sanitarians that in the process of applying a remedy to existing evils, greater evils should not be created. A number of cases of typhoid fever have recently occurred in the metropolis and the suburbs in which the victims have distinctly contracted the malady when passing through public thoroughfares in process of disturbance for the purpose of repairing sewer pipes. Might it not be possible to saturate the earth, already probably poisoned, around a leaky sewer with carbolic acid or some other disinfectant before that earth is scattered with shovels on the surface of the roadway at the risk of infecting the neighbourhood? I am, Sirs, yours faithfully,

J. MORTIMER GRANVILLE.

Hanover-square, W., Feb. 8th, 1892.

"CONTAGIOUS SYMPATHETIC FEVER?"

To the Editors of THE LANCET.

SIRS,—There is a good deal of vague speculation at the present time, in both lay and medical journals, as to the *fons et origo* of the disease called influenza. Few are satisfied either with the name or with the treatment, and it goes without saying that if the former be empiric so must the latter be, and the profession and the public must be dissatisfied accordingly. It is therefore necessary to formulate a name which will at once express the disease and indicate the lines of treatment. It is with this object in view that I venture to classify the disease as a "contagious sympathetic fever." That it is contagious there can be no manner of doubt: the evidence is overwhelming, and the degree of contagion is in direct proportion to the cubic space of the dwelling and the number of its inmates. A large experience of the three epidemic periods of 1890, '91, and '92, amongst the ill-housed labourers of Dorset, has proved this to my own mind as clearly as a problem in Euclid. Whatever the nature of the poison, its strength and virulence are intensified by overcrowding, bad ventilation, and defective sanitation. In this respect it reminds one more of typhus fever than anything else; its sudden incidence, accompanied with high fever, frequent delirium, epistaxis, dusky lurid flush of the face, suffused conjunctivæ and bright shining, almost glassy, eyes, a not infrequent dull scarlet eruption, and occasionally bullæ on the feet and herpetic eruptions about the face, nose, and chest, all together point to the baneful action of some noxious poison which appears to gain entrance to the body and thence to the blood through the ordinary channels of respiration, and which at first stimulates and quickly depresses the heat-producing centre of the nervous system. So prompt and powerful is this primary stimulation if the poison be at all concentrated, that the reaction is immediate and profound. The initial headache is succeeded in from twelve to twenty-four hours by intense prostration, with muscular pains, chiefly of the lumbar region, but often general; and with these more crude manifestations of the second stage we have exhaustion of the involuntary muscular system, as seen in the heart-muscle and sometimes in the gastro-intestinal, when the latter is primarily involved. Were the disease out-and-out typhus fever, no doubt the initial fever would be more gradual and persistent, but as regards the resulting depression the similarity is beyond dispute, and the same treatment is required in both. There is nothing so marked in the present, and indeed in the recent, epidemics as the strongly "sympathetic" character of the complaint. From the very outset, the entire sympathetic chain appears to be involved, and this will go far to explain the visceral complications and the primary headache. Undoubtedly there is at first high arterial tension, but this speedily gives way, with or without treatment, and then succeeds the more dangerous period of local congestions and embarrassed circulation. It is towards the end of the first or the beginning of the second stage that fainting takes place, unless indeed the heart be already weak and gives way at the outset; so also is it about this time that cough supervenes, or it may be vomiting and purging. Thus we have a contagious sympathetic fever resembling typhus fever, which may prove abortive or follow the course indicated. The extent and variety of the sequelæ prove that individual proclivity and climatic conditions play an important *rôle* in the determination of the result. In fact, I believe, one might say with a strong degree of probability that most of the secondary symptoms of the disorder are due to the conditions named, to which might be added the age and habits of the individual. It is just as difficult to save an old and

decrepit man or woman from this insidious complaint as it is to cure a case of typhus fever above fifty or sixty years of age, and both are alike destructive to the weak and debilitated at all ages. Influenza (so-called) is not *per se* a grave disease to the young and strong, if ordinary care be taken; but to all others it is of fearful significance under all circumstances. Stripped of its sequelæ and its complications, it is a comparatively simple disease, and by no means difficult to treat if due care be taken to support the patient from the beginning of the second stage; nor is any special remedy wanted to cut it short, as it is essentially of short duration as a contagious sympathetic fever. Of course, this description ignores the quality of the contagion or poison. But to practical physicians this is of small account; and were the alleged germ or microbe demonstrated beyond question, and even an extract of it prepared for injection, it would be of little avail apart from those measures of prevention and cure which are within the reach of all.

I am, Sirs, yours faithfully,

London, Jan. 25th, 1892. ALEX. MCCOOK WEIR, M.D. &c.

"DEATH CERTIFICATES BY UNQUALIFIED ASSISTANTS."

To the Editors of THE LANCET.

SIRS,—Kindly allow me to make a statement in reply to some remarks concerning me that appeared in an annotation in THE LANCET of last week. It seems to me that those remarks are based on two assumptions, both of which are incorrect. First, I deny that Mr. Austerberry is, or has been, my assistant during the last twenty years, throughout which period I have never employed an assistant. Second, Mr. Austerberry has never had authority from me to attach my name to a death certificate, or to any document whatever, and that until a report of the inquest appeared in our local daily paper I was unaware that he had ever done so. I know nothing whatever of deceased, nor of the club to which she belonged, and I can conscientiously affirm that for many years I have never given a death certificate without having personally visited the patient. This statement should exonerate me from all responsibility as to the death certificate referred to.

I remain, Sirs, yours truly,

Hanley, Feb. 8th, 1892. ARTHUR GOODWIN.

*** We have great pleasure in publishing the above disclaimer, and sympathise with Mr. Goodwin in the annoyance to which he must have been subjected by the errors in the report which formed the basis of our remarks.—ED. L.

NORTHERN COUNTIES NOTES.

(FROM OUR OWN CORRESPONDENT.)

Newcastle Royal Infirmary.

THE annual meeting of the Newcastle Infirmary was held last week, the Earl of Ravensworth presiding. The number of in-patients treated last year was 3295; the number of out-patients and casuals was 20,188. The number of deaths was 260, giving a death-rate of 7·89 per cent., but abstracting the deaths that took place within twenty-four hours of admission, the patients being moribund, the death-rate would be 6·19. A large number of cases of operation were of a very severe character, and such as a few years ago the ablest surgeon would have hesitated to attempt. Amongst other important abdominal operations there have been twenty-four for ovarian cysts, all the patients, with a single exception, having recovered. The financial state of the infirmary is, however, unsatisfactory, there being an excess of expenditure over income of about £2000 per annum. The workmen's subscriptions had amounted to £3200; the Hospital Saturday and Sunday Fund had contributed about £1100. Two large and special legacies had been received during the year—viz., £10,000 from the late Mr. John Fleming of this city, and £6000, being the larger part of the residue of the estate of the late Mr. Robert Walters, also of this city. With regard to a new infirmary building, the report goes on to say "that the committee, until they see their annual expenses met, cannot press upon the public the necessity which exists for a new infirmary, and yet they cannot forget it." The present accommodation afforded by the infirmary is insufficient, and even to lodge the nurses an additional house has to be maintained. There is no isolation ward, which causes great inconvenience and anxiety, and the cost of continued repairs is very considerable. A new infirmary adapted to present requirements, the committee believe, would cause an annual saving. It transpired at the meeting that the estimated cost of a new infirmary would amount to about £140,000.

Lead Poisoning.

An inquest has been held respecting a female worker at one of our white-lead factories. Her age was nineteen, and she had worked irregularly at the lead for about twelve weeks. She had previously been a strong, healthy girl. She left off work for a week, and seemed well on the Saturday before her death. On Sunday she was seriously ill, becoming insensible, and had convulsions, from which she died on the Monday morning. The evidence of the surgeon in attendance showed very clearly that the convulsions (epileptiform) and her death were due to lead poisoning, and the verdict was in accordance. Another inquest has since been held on a married woman aged thirty, a worker at the same factory. Her husband said she had always been a healthy woman until she went to the lead works, where she worked about five months. After she had worked there nine or ten weeks she had bad eyes, and complained of her head. The surgeon to the works said he attended her first last September for neuralgia of the head, and that when called to her on the Tuesday before her death she had frontal headache; he saw her again the same night, when she was in a state of stupor after a fit. He thought her death, which took place on the following Thursday, was due to convulsions, originating from some disease of the brain. He did not treat her for lead poisoning, as there were no symptoms of lead poisoning at all in her case, and a verdict was given in accordance with the medical evidence. I always record cases of death where lead is the suspected cause in these notes. After all precautions are taken the loss of life to the female workers in the factories is very great, and of course it will continue until this labour is abolished; and the sooner this is done the better.

Durham County Hospital.

At the annual meeting of the Durham County Hospital, held last week, the report stated that 349 in-patients had been treated during the year, and 1098 out-patients, including 231 casualties. The financial state of the hospital was satisfactory. A discussion took place on the want of interest taken in the hospital by the general body of subscribers, and amongst other suggestions it was mooted that the hospital should be made free, and the ticket system abolished. Matters seem to be working now in this direction amongst many of our northern hospitals.

Sunderland: Remarkable Longevity.

During the week ending Jan. 30th 47 deaths have been registered as having occurred in the borough of Sunderland, giving a mortality of 18·5 per 1000. Of 16 deaths in the Bishopwearmouth south district, 7 resulted from old age, the aggregate number of years being 566, with an average of 80·6. The ages of 5 others who died in the remaining districts of the borough amounted in the aggregate to 367, with an average of 73·2. There have been no deaths from influenza during the past week.

Death of Mr. Henry Featherstonhaugh, M.R.C.S., late of Newcastle.

Mr. Henry Featherstonhaugh, formerly in extensive general practice in Newcastle, but who retired many years ago, died on the 1st inst at his residence, Ravensworth-terrace, Gateshead, of pneumonia, after two days' illness. Mr. Featherstonhaugh was formerly house surgeon at the Gateshead Dispensary, and was well known and respected on both sides of the Tyne. He was in his seventy-seventh year, and has left a widow, but no children.

I am pleased to say that Dr. Heath of this city, whose serious illness was reported in our local papers a short time ago, is now very much better. He has been seen by Mr. Page and Dr. George Murray.

Newcastle-upon-Tyne, Feb. 10th.

SCOTLAND.

(FROM OUR OWN CORRESPONDENT)

Professor Crum Brown and the Statement of the Association for the Reform of Medical Education.

PROFESSOR CRUM BROWN has considered it his duty to write a letter to the chairman of the Universities Commission on the statement submitted by the Association for the Reform of Medical Education, and he has had the courtesy to circulate copies of it. Only two paragraphs of the letter need be quoted here, for the enlightenment of old Edinburgh students. He says: "The lecturers who have signed the document presented to the Commissioners have given a novel definition of lectures. They tell the Commission that lecturing consists in the dictation of the details of the subject. Of such lecturing it is no question as to how much or how little of it there ought to be; it is clear that there ought to be none. I understand by lecturing something very different from this. The duty of a lecturer is to present to his students a clear, well-arranged, well-balanced exposition of the principles of the science he teaches, illustrating the application of these principles by means of well-chosen examples. This is a high ideal, but one to be aimed at. If lecturing degenerates into the reading of a published or unpublished text-book, it ceases to be true or efficient lecturing. A lecturer or professor who dictates the details of his subject to his students does not do his duty, and the cure is not to give him less of that bad work to do, but to relieve him of it altogether and set him on the right road." The question which these sentences suggest is, Did his colleagues see this letter? To old students and those connected with, or who know the springs of things in, the school there is a charming simplicity and individualism in the opinions which, if accepted by the school at large, would do much to obviate the necessity of reform associations.

Proposed Extension of the Royal Infirmary, Edinburgh.

Negotiations have been reopened between the Royal Infirmary and the managers of the Sick Children's Hospital and the Merchant Company, to ascertain if arrangements cannot yet be come to for the acquisition of ground more suitable for the purposes of extending the buildings than the plans recently suggested and referred to here.

Health of Edinburgh.

The mortality last week was 100 and the death-rate 20 per 1000. Diseases of the chest accounted for 50 deaths and zymotic diseases for 4. The intimations for the week were: typhus fever 2, typhoid fever 1, diphtheria 5, scarlatina 24, and measles 30.

Feb. 9th.

IRELAND.

(FROM OUR OWN CORRESPONDENT.)

The Irish Colleges' Conjoint Scheme.

THE following is an outline of the five years' curriculum for the diploma in Medicine, Surgery, and Obstetrics of the combined Colleges, as agreed to by the Committee of Management:—First year: (1) Demonstrations and Dissections, six months; (2) Practical Chemistry, three months; (3) Practical Pharmacy, three months; (4) Lectures, (*a*) Physics, (*b*) Elementary Biology, (*c*) Theoretical Chemistry, each six months. Second year: (1) Hospital, nine months; (2) Demonstration and Dissections, six months; (3) Lectures, (*a*) Anatomy, six months, (*b*) Physiology, six months, (*c*) Histology, three months, (*d*) Materia Medica, three months. Third year: (1) Hospital, nine months; (2) Demonstrations and Dissections, six months; (3) Lectures, (*a*) Medicine, (*b*) Surgery, six months each, (*c*) Forensic Medicine and Hygiene, (*d*) Pathology, three months each. Fourth year: (1) Hospital; (2) Midwifery Hospital, including Diseases peculiar to Women and to Newborn Children, if not deferred to fifth year, six months; (3) Operative Surgery, three months; (4) Lectures, (*a*) Midwifery, six months, (*b*) Mental Disease, three months. Fifth year: (1) Clinical Study in recognised British or Foreign Hospitals, nine months, including (*a*) Surgery, (*b*) Medicine, (*c*) Ophthalmic and Aural Surgery, (*d*) Fevers; (2) Midwifery Hospital, unless taken in fourth year, six months; (3) Vaccination. As contrasted with the existing four years' course, there are some changes and additions. For example, only one course of anatomical lectures will be required instead of two; but attendance on lectures will be required during the first year on physics and elementary biology, six months each. A three months' course of lectures on mental disease will be obligatory, a certificate for vaccination, and during the fifth year nine months clinical study in hospital. Attendance on fever cases and in ophthalmic hospitals is transferred to the fifth year, while hygiene is not made a separate course from forensic medicine, as was expected, but is combined with that subject, contrary to the regulations of the English colleges. Requiring attendance on lectures on mental diseases is a step in the right direction—that is, if the lectures are clinical lectures delivered in a hospital for the insane, otherwise they would be useless, and a mere waste of the student's time and money. Of course this is only a draft report of the Committee of Management, and has to be considered by both Colleges.

Typhoid Fever in Dublin.

Mr. Maguire, who has had great experience as a sanitary engineer, has lately reported to the Public Health Committee of the Corporation, of which he is a member, on the subject of the prevalence of typhoid fever in Dublin and its possible prevention. He is of opinion that the city may be freed from its unenviable pre-eminence in epidemics of typhoid fever by carrying out the following reforms: 1. A main drainage system to purify the Liffey and the lower gravel subsoil now saturated with sewage. 2. A thorough reconstruction or renewal of all street sewers now imperfect in section, size, gradient, or level, or which may allow of leakage of sewage into subsoil. 3. A thorough reconstruction and renewal of all connecting house drains from houses to public sewers which are now allowing the escape of sewage into subsoil, or sewer air into houses which are not laid on concrete foundations having sufficient even gradient, which are too large in section to flush thoroughly or liable to become choked by any defects, or which pass from one house under any portion of another house. 4. The provision of proper intercepting traps, with easy access for inspection and cleansing, on every house drain, placed in the open areas where such exist, or otherwise in the most suitable sanitary position where the street-connecting drain enters the premises, always provided with fresh air inlet or outlet arrangements. 5. The proper construction and arrangement of all internal sanitary fittings, pipes, and drains. 6. The impervious paving of all stables, stable yards, dairy yards, and cowsheds, back yards, lanes, and streets, and the constant efficient cleansing of the same to prevent soakage of filth into subsoil. 7. The abolition of all privies, ashpits, and manure heaps. 8. The constant rigid inspection of all dairies and farm yards, and the effectual prevention of all infection therefrom. 9. The maintenance of the purity of the water-supply and distribution.

National Hospital for Consumption.

The general meeting of the supporters of this movement will be held on Wednesday, the 17th inst., in the Hall of the Royal College of Physicians. The meeting will be presided over by Dr. J. M. Finny, president of the College.

The annual meeting and dinner of the Dublin branch of the British Medical Association will be held at the College of Physicians on Thursday, the 18th inst.

Mr. W. I. Wheeler, F.R.C.S.I. &c., was last week sworn in as High Sheriff for the County of Kildare.

Feb. 9th.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

Septic Broncho-pneumonia of Intestinal Origin.

SEVESTRE, speaking on this subject at a meeting of the Société Médicale des Hôpitaux, held on the 22nd ult., reminded his audience that, in calling attention to these cases five years ago he had formulated the following conclusions:—1. In badly nourished children the intestinal contents may undergo decomposition, the products giving rise to fetid diarrhœa and septic enteritis. 2. This morbid condition may be the starting-point of general infection, revealing itself clinically most commonly by pulmonary congestion and broncho-pneumonia. 3. The best means of

combating the diarrhœa and preventing the lung complications consist in the exhibition of such intestinal disinfectants as calomel and naphthaline. (To this list M. Sevestre would now add naphthol, betol, and benzonaphthol.) The above conclusions were based on clinical grounds only. M. Sevestre announced that M. Lesage was now prepared to endorse them from a bacteriological point of view. This observer stated, in effect, that he had proved the exclusive dependence of broncho-pneumonia occurring in the course of septic enteritis on the presence in the lung tissue of the bacterium coli. There had been examined five cases in which pulmonary lesions, together with swelling of the spleen, had been noted during life. In one instance there was found post mortem intense generalised congestion of the lungs, which floated in water, became paler, and soon resumed their normal tint. Microscopical examination revealed the presence of the bacterium coli. In one of the lungs, islets of broncho-pneumonic consolidation were found enclosed in the congested tissue. In another case the broncho-pneumonic process had reached the suppurative stage. In these consolidated areas the bacterium coli was found to the exclusion of all other micro-organisms. Inoculated into animals, its virulence proved to be identical in degree with that of the same micro-organism as found in its usual habitat, the intestine. The bacterium derived from the suppurating nodules had acquired pyogenic properties, for its introduction into the areolar tissue of the rabbit and the guinea-pig provoked the formation of a local abscess, followed by death in four or five days. M. Lesage also discovered the bacterium coli in the air of wards occupied by several children under treatment for septic enteritis, as also in the sterilised milk supplied to the little patients and to their neighbours in the same room. The bacterium was found to be growing in the milk as a pure culture. The above interesting facts lead M. Lesage to recommend the isolation of these little enteritic patients in special wards. While admitting the important part played in this class of cases by the bacterium coli in the production of the above-mentioned pulmonary complications, M. Sevestre does not feel justified in attributing to this microbe the exclusive *rôle* claimed for it by M. Lesage. Accepting as true the contamination of the milk, even previously sterilised, supplied to a large children's ward, he is of opinion that such a mishap may be best averted by the hospitalisation of the infecting patients in a number of small wards. Alluding to the suggestion advanced by M. Comby, that the stools be disinfected by means of cupric sulphate or corrosive sublimate, M. Sevestre pointed out some practical difficulties, in that the motions are often passed, not into bed-pans, but into the bed. I fail to see why the same disinfecting process should not be applied to the bed linen. This discussion seems to point to the fact that, in future, greater attention must be paid to intestinal antisepsis than has hitherto been the case, if we wish to avoid complications which too frequently prove fatal, not to mention the infection of patients under treatment for other diseases who may be occupying contiguous beds.

The Nerve-compression Treatment of Hiccough.

Every practitioner has met with cases of hiccough which seem to resist all known methods of treatment. As the continually recurring spasmodic contraction of the diaphragm is not only highly distressing to the sufferer, but may, through the exhaustion it produces, be the immediate cause of death, it is a matter of importance to be acquainted with a ready, speedy, and sure method of controlling this symptom. In many instances it is probably due to the presence of unabsorbable fluid in the stomach, and the rational remedy is an emetic, preference being given to apomorphine administered hypodermically. When, however, hiccough occurs as a neurosis, an infallible remedy is found in digital compression of the phrenic nerve, if we may believe M. Leloir (Acad. des Sciences, 18th ult.). This is not at all a new idea, for it is mentioned by several English authors. But the somewhat extensive experience of the method possessed by M. Leloir is worth recording. That gentleman tells us that five years ago a girl of twelve was brought to him in order to be treated for incoercible hiccough which, recurring every half minute, had lasted for one year, and had, as may be imagined, greatly interfered with sleep and nutrition. M. Leloir applied digital compression for the space of three minutes to the left phrenic nerve in the interval between the heads of origin of the sterno-cleido-mastoid muscle, and definitely cured his patient, who had previously tried all the known anti-spasmodics of the codex. M. Leloir has since successfully applied his method in a large number of cases of chronic and recent hiccough which had proved refractory to other remedies. He states that he has not met with an instance in which this compression, exercised for a few minutes—sometimes only a few seconds—did not prove effectual.

The Microbe of Influenza.

In 1890 Babès recorded having observed in cases of this hydra-headed scourge a small organism resembling in form the diplococcus, from 0·2 μ to 0·3 μ in diameter, forming in gelose pale, transparent cultures. A little later Kovalsky, as the outcome of his researches in the same field of inquiry, obtained somewhat similar results. More recently Pfeiffer of Berlin, and contemporaneously with him Canon, confirmed by independent inquiries the foregoing. According to these latter observers, the blood of persons affected with influenza contains a special bacillus, which they consider to be the *materies morbi* of this disease. In this country the research for the hidden bacteriological entity of this curious epidemic is not less ardent than abroad, and the secret bids fair to be yielded up in full view before long. Yesterday, at the Academy of Medicine, M. Cornil, in conjunction with M. Chantemesse, made an interesting contribution towards this end, of which I transcribe the salient points. A drop of blood was taken from an infant, the subject of influenza, and inoculated into the vein of a rabbit (No. 1). The day after the blood of the rabbit was found to contain microbes responding to the description of Babès and Pfeiffer, very small and more difficult to be seen than those found in septicæmia in the same animal, but capable of being stained by methylene blue and fuchsin in Ziehl's solution. In length they measure about one-twentieth the diameter of a red blood disc. The blood of the animal inoculated on sweetened gelose gave characteristic cultures and became surrounded at the expiration of twenty-four hours by an opaline zone which, under a magnifying power of 100 diameters, gives the appearance of very fine granules. The cultures, when stained and examined under the microscope, displayed the same micro-organisms as those found in the blood itself; they appear free, or in little agglomerations, or enveloped in small particles of gelose. These cultures were used to inoculate another rabbit (No. 2), the blood of which contained a bacillus similar to that from which the cultures were procured. This bacillus was easily cultivated in sweetened bouillon. From the rabbit the virus was transferred to a monkey. A few drops of the bouillon culture were placed in the nasal fossæ. It is probable, however, that this injection penetrated into the pharynx and was swallowed, for the symptoms presented later by the monkey were diarrhœa, fever (38·5–39·5 C.), weakness, with tendency towards sleep—symptoms which lasted several days, and were followed by depression and subnormal temperatures. These same micro-organisms were found in the sputa as well as in the blood of several patients attacked with influenza, not only during the climax of the febrile state, but for days after the fall of the temperature. A little blood from one of these patients, a young woman, the subject of uncomplicated influenza, was injected into a vein in the ear of a third rabbit, which the following day manifested the same symptoms, elevation of temperature &c. observed in the others, and in the blood of which the same bacillus was found in abundance. These observations, therefore, of no less an authority than Professor Cornil and his collaborator confirm in essential details the researches of Babès, Pfeiffer, and Canon, and lead them to the conclusion that influenza is an infectious disease caused by the bacillus in question, which by its form, its culture, and its reaction to staining agents they believe to be the micro-organism special to the universal malady. The disease, as manifested in the rabbit, is not of a severe type but of somewhat long duration. These animals grew thin, lost appetite, and were found to contain in the blood for over three weeks the bacillus in abundance. M. Cornil adds that the bacteriological researches hitherto made in connexion with influenza and other microbic affections go to show that the presence of the former strongly predisposes to infection from one or other of the latter, and hence the variety of complications. As to the bacillus itself, they repeat that it is not easy to distinguish it owing to its minuteness and the difficulty of staining it. It cultivates slowly at 37c. in gelose or in sweetened bouillon, and readily lends itself to re-culture in artificial media. At the expiration of twenty-four hours the culture in gelose appears as a very fine pink, cloud-like outline. In bouillon the

culture is scarcely visible to the naked eye. These media preserve their transparency in presence of the culture, but interspersed here and there with very fine granules. In concluding this notable contribution to the pathology of influenza, MM. Cornil and Chantemesse express the hope that the discovery of the micro-organism will go far towards perfecting our study of the diagnosis, the prophylaxis, and the treatment of this disease.

Epidemic of Rabies.

What is described as a veritable epidemic of hydrophobia has appeared amongst the domestic animals in the Commune of Pepieux in the arrondissement of Carcassonne. As many as forty of these animals, including dogs, cats, and even sheep, have been put to death. Several accidents to persons are mentioned. A man of thirty-five was bitten, and is now under treatment at the Pasteur Institute. The Mayor of Pepieux has ordered that all dogs be put under observation for forty days. At Ventenac d'Ande, in Narbonne, a mad dog has bitten two young girls of fourteen and fifteen. The animal was then allowed to escape to a neighbouring village named Bize, where it bit another victim. It finally escaped back to its home at Ventenac, and was not put to death before it bit two of its master's servants. All these cases are under treatment at the Pasteur Institute. There is considerable excitement in the locality, where naturally the result of the treatment is anxiously awaited.

Paris, Feb. 10th.

BERLIN.

(FROM OUR OWN CORRESPONDENT.)

Tuberculin.

THE rumour that Koch will publish a new article very soon on further progress made by him in the perfecting of tuberculin is denied on good authority. The fact of his continued unwearied efforts to that end, however, is confirmed.

An Alleged Cure for Cancer.

Professor Adamkiewitsch of Cracow, who has been experimenting in Vienna with a remedy for cancer for months past, has showed the Society of Medical Men there a patient who, he says, has been completely cured by the process. He stated that the glands, which had been slowly but steadily growing for half a year, had completely disappeared after a fortnight's treatment. The cure took place under the influence of injections which have no effect on other than cancerous formations. He maintained that the efficacy of his remedy is now beyond doubt, but Professors Billroth and Kundrat controverted the statement that the remedy is an absolutely certain one.

Antinervin.

The alleged efficacy of a new medicine largely used against influenza in the recent epidemic in Glogaw has attracted the attention of the medical world here. Its name is antinervin. It almost always alleviates the pains in the head and back, has been observed to cause a rapid reduction of the fever, with copious perspiration, and no unfavourable effects have been traced to its administration. Eight powders of half a gramme, taken in two days, generally sufficed to arrest the disease. It is about five times cheaper than antipyrin. It has been tried in the Royal Clinics of Turin and Genoa, and the heads of these establishments report favourable results.

The Berlin Society for the Cure of Mental and Nervous Diseases celebrated its twenty-fifth anniversary yesterday.

Dr. Heinrich Rosenthal, editor of the *Allgemeine Medizinische Zentralzeitung* (*General Medical Central Journal*), died here on Feb. 7th, in his fifty-eighth year.

Berlin, Feb. 9th.

NEW YORK.

(FROM OUR OWN CORRESPONDENT.)

A Secretary of Public Health.

WITH the opening of Congress there is a renewal of the agitation for a National Public Health Service. There is certainly great need of definite legislation on this subject, for at present that service is in a very anomalous state. There is in existence a National Board of Health without either power or means to do active work. There is the Marine Hospital Service, a bureau of the Treasury Department, to which is assigned limited power relating chiefly to quarantine, and which can expend the contingent epidemic fund under the direction of the Secretary of the Treasury; but there is no well-defined Public Health Service with adequate powers and means such as a nation should have which is exposed on every hand to the invasion of foreign pestilences capable of prevention by a thoroughly organised and equipped Department of Health. The present movement to secure legislation is undertaken by the American Medical Association, and it promises to unite and concentrate upon this great question the energies of the entire profession of the country. The form of central organisation which the Association proposes is a Department of Public Health presided over by a secretary, who shall be a member of the Cabinet. The ideal of the Association is certainly very high, and, it is to be feared, quite unattainable at this time. There is a strong prejudice against increasing the number of departments of the general government, and it is too true that the people are as yet far from realising the value of a department devoted to the protection and promotion of the public health.

The Pan-American Medical Congress.

The movement to assemble an American Medical Congress, composed of representatives from all nationalities of the Western hemisphere, during the Columbian Exposition, 1893, is progressing very satisfactorily to its projectors. A committee on organisation has been created which contains representatives from nearly every county in North and South America, and nearly all of the West India Islands. The correspondence of the local committee shows a hearty coöperation of the profession of these countries in the undertaking.

An Important Decision in a Suit for Malpractice.

A man who had been operated upon at the New York Hospital brought a suit against that institution for alleged ill results. On trial the question raised was as to whether the surgeon had performed the operation skilfully, and a verdict was rendered in favour of the hospital. Subsequently the same person brought a suit against the surgeon on the same grounds. The judge decided that the plaintiff had no standing in court, remarking, "It seems to me, upon every principle, that it is in the interests of justice, and in accordance with public policy, that after a man has had his day in court, and has been granted and accorded every opportunity of fully and fairly presenting his case, and after he has made his election and tried his case, he should not be allowed to come into court and try the same question over again."

New York, Jan. 26th.

Obituary.

SIR GEORGE EDWARD PAGET, K.C.B., M.D., D.C.L., LL.D., F.R.S.

IF there were any need of evidence as to the great esteem and affection, we might say veneration, in which the late Professor of Physic in Cambridge was held it was amply shown by the large attendance at his funeral on the 4th inst., when, at the service in his College chapel, where he had for so many years been a regular attendant, the Bishop of the diocese, the Vice-Chancellor, and practically all the heads of houses, professors, and resident members of the Senate, besides many friends from a distance, were present; and he was followed to the grave by numbers who could not gain admission to the chapel, including all, or nearly all, the medical men of the town. All bore witness to the loss of a common friend, of a highly gifted and eminently upright man, who had devoted a long life unceasingly, energetically, and in the best spirit to the interests of the University, the medical school, the medical profession, and the town and neighbourhood of Cambridge. He combined in a high degree and in a very unusual manner the somewhat opposite qualities of accuracy and precision and their natural associates—truthfulness and conscientiousness—with the facility of arriving at correct results, great acuteness and rapidity of decision, with clear, calm, far-sighted judgment. Few men can so quickly seize upon and so forcibly expose the weak points, the flaws, in a pro-

posal or an argument as he was wont to do, a power which was attributable to his possessing in a pre-eminent manner the faculty of quick, close attention—the faculty, that is, of bringing his mental batteries to converge at once on the subject before him. Hence his opinion, though speedily formed, was carefully formed, not easily changed, and not often wrong.

No wonder that he was so highly regarded and confided in by his University, that he was elected and re-elected a member of the Council of the Senate and of the General Board of Studies and on many syndicates; no wonder that his influence was so great in promoting that development of the natural science and medical schools which has been a striking feature in the recent life of the University. To the qualities above mentioned he added a genial, kindly, friendly disposition, which grew with his advancing years, and a high, dignified, gentlemanly bearing which never deserted him or was thrown off its balance. Altogether he was an admirable representative of the University and the profession, combining the best features of both; and the members of both could feel that on all occasions their interests were safe in his hands. His great qualities evinced themselves also in the practice of his profession. He was a first-rate physician, and universally acknowledged to be so—conscientiously accurate in investigation, careful in diagnosis, shrewd in estimation of character, and judicious in treatment, leaving no detail uncared for. Decided, yet kind and considerate, he won the confidence of practitioners and patients, and bore the palm, without a rival, in practice in the University town and county till a late period of life. Not setting up to be an orator, he spoke clearly, saying well, vigorously, and emphatically what he intended to say, waxing warm, with flashing eye, when upholding the interests of the medical school or his profession against the opposition which he sometimes had to encounter. His last speech in the Arts School, not many days ago, when inveighing against a plan for ceding the site of the medical school-building for another purpose, will not be forgotten by those who heard it. On less important and on more convivial occasions he never failed to interest and amuse his audience by the amount of his knowledge and life experiences and by those stories and anecdotes and personal narratives of which he had so inexhaustible a fund, and of which he was so good a teller. Social by nature and with a keen sense of the humorous, and a large store of it in himself, he thoroughly appreciated and enjoyed to the full the society which a university town affords, and belonged to several clubs which lose in him one of their most animated and agreeable members. In general politics he was a decided Conservative; in University politics he happily took on the whole a liberal view, and was in favour of advance, of increase of the range of teaching, of better remuneration of teachers and examiners, of contributions from the College funds for the purpose, of extension of University influence, and of many other changes that have taken place. He was also one of those who, in the recent discussions, expressed the decided opinion that both the dead languages ought no longer to be made compulsory subjects of examination for all students who enter the University.

He watched with brotherly pride the rising career of Sir James Paget, who rarely took an important step in life without seeking advice from him; and the happy relations between the two often gave to members of the University the opportunity of seeing and the delight of hearing the renowned and eloquent surgeon. The last occasion was the Founders' day at King's College, Dec. 6th, 1890, when both were present, and Sir James, in his never-failing charm of style, replied to the toast of the visitors, and alluded in feeling terms to the advantage he had through life derived from the wise counsel of his elder brother. The two present not a few reminders of William and John Hunter; and since the time of those illustrious men no brothers have risen to such eminence in the respective branches of their profession.

Sir George Paget was the seventh son of Mr. Samuel Paget, a merchant at Yarmouth, and was born on Dec. 22nd, 1809. His early education was at the Charterhouse, and he was entered at Caius College in 1827, a contemporary and life-long friend of Professor Selwyn. It may be mentioned that an elder and a younger brother of his were also members of Caius College, and that the younger held a fellowship and College living. Sir George Paget pulled in the College boat, enjoyed his undergraduate life, and did not claim to have been a hard worker, but came out eighth wrangler in 1831, the same year with Dr. Budd, subsequently physician to King's College Hospital, who was at the same College and third on the list. He was elected in 1832 to one of the two fellowships which at that time were given to those who, being natives of Norfolk, should qualify in medicine. He graduated as M.B. in 1833, and as M.D. in 1839. The mastership of the College was then also assigned to a Norfolk man; and had the then master, Dr. Davy, who died in 1839, lived a few months longer, Paget (then and always a great favourite in the College, and acting as College bursar) would in all probability have succeeded to the mastership and have lived the comparatively quiet life of the head of a house, devoting his talents and energies more exclusively to the business of the College and of the University. As it was, he threw himself into the practical work of the profession with greater success than any of his predecessors in Cambridge. In 1851 he relinquished his fellowship, and with it the prospect of the mastership of his College, by marriage with Clara, daughter of Thomas Fardell, LL.D., Vicar of Soham, and took a house in the town. They had several children, and Lady Paget survives. In 1881 his close connexion with the College, to which he was greatly attached, was renewed by his election to a professorial fellowship under the new statutes. This gave him, he said, as much pleasure as his earlier election in 1832, and he held this fellowship till his death. In 1841 he was elected physician to Addenbrooke's Hospital. The vacancy took place intentionally during his absence on the Continent, but the activity of his friends defeated the plan and secured the election for him. He immediately commenced clinical teaching and clinical lectures, which had not been done before, and thus brought the hospital more distinctly than had previously been the case within the range of university study. It was through him also that clinical examination at the hospital was instituted as part of the test in the examination for medical degrees and licence to practise, and it was a worthy source of pride to him that Cambridge was thus placed in the van of effecting this important addition to medical examinations. He resigned the office in 1884, but continued to take a warm interest in the affairs of the hospital, and seldom failed to attend and take part in the meetings of the governors; and during the whole period of his connexion with the hospital an unbroken harmony was maintained between the governors and the medical staff. An excellent marble bust of him by Wiles of Cambridge, raised by a subscription headed by the Prince of Wales, was presented to the hospital, and stands in the entrance passage as a memorial of the long and good work he did there.

In 1864 he was elected, without opposition, representative of the University on the General Medical Council. The best evidence of his good work there is afforded by the fact that he was chosen by the members of the Council to be their President in 1869; and his courtesy, good judgment, and discretion, together with the admirable manner in which he conducted the business of the Council, rendered his resignation of the office in 1874 a source of universal regret. About this time he was urged to come forward for the Presidency of the College of Physicians, and there was every reason to suppose that he would have been elected; but he declined to do so, on the ground that the duties involved in the satisfactory fulfilment of that office were scarcely compatible with his work in Cambridge. It caused some regret among the members of the profession in Cambridge that Paget and Humphry should, on similar grounds, though they might appear adequate to them, have declined to come forward for the presidencies of their respective London Colleges. In 1872, on the death of Dr. Bond, the unanimous feeling was gratified by the Crown appointment of him as Regius Professor of Physic. He was thus placed at the head of the School of Medicine, then fairly started on its prosperous career, to the furtherance of which his wise administration and energy and the confidence reposed in him not a little contributed. With keenly observant eye he watched over its interests, and was ever present to defend its cause. He fulfilled to the last, with his wonted care and conscientiousness, the various duties of the professorship, giving his lectures, taking part in all the examinations for M.B., and, which is now no light matter, presiding at all the exercises for M.B. and M.D., as well as presenting candidates for their degrees, and acting as chairman of the Special Board of Medicine. He received the honour of K.C.B. from the Queen, having attended both

the Prince of Wales and the late Duke of Clarence and Avondale during their residence in Cambridge; and honorary degrees were conferred on him by the Universities of Oxford, Dublin, and Edinburgh. The influenza chill seized him on Jan. 14th. He never rallied from the depressing effects of the malady, and died on the 26th, in his eighty-third year.

It is to be regretted that he published so little. "A Notice of an Unpublished Manuscript of Harvey," in 1850; the Address, which he delivered as President at the British Medical Association at Cambridge, 1864, in which he strongly advocated the claims of natural science to a larger share of the teaching and the endowments of the University and the Colleges; the Harveian Oration at the College of Physicians in 1866; and occasional contributions to current medical literature, by their excellence of style and wealth of knowledge, create the wish that his pen had been more frequently employed to the advantage of the profession, and that he had yielded to the often expressed wish that he would commit to writing the many and varied experiences of his professional and his University life. He was a frequent attendant at the meetings of the Cambridge Medical Society, and always impressed his hearers by the sagacity of his remarks and the fertility of his memory in supplying illustrations from his practice often from years long gone by. The loss of such a man, it need scarcely be said, must be long and greatly felt by many old pupils and friends both in and out of the University of Cambridge.

SIR MORELL MACKENZIE, M.D.

SIR MORELL MACKENZIE was of Scottish extraction, the branch of the family from which he sprang having their ancestral home at Seatwell, in Ross-shire. He was the eldest son of the late Mr. Stephen Mackenzie, who practised at Leytonstone, in Essex, where the subject of this notice was born in 1837. Sir M. Mackenzie's father was a man of great cultivation and knowledge, being especially skilful in the treatment of diseases of the nervous system on the borderland of insanity. His mother was a daughter of Mr. Adam Harvey of Lewes, in Sussex, a lady of considerable gifts and energy of character, which were severely taxed when her husband was thrown from his carriage, causing fracture of the skull and death, without a return of consciousness. The widow, *enceinte* at the time, was left with eight children, and with very scanty means. Morell Mackenzie was at the time at Dr. Greig's school at Walthamstow, where he received a very sound education. As a boy, whilst bright and intelligent, he displayed no extraordinary powers or force of character. The truth probably was his abilities rendered his school tasks easy, and his work excited no enthusiasm. The sudden death of his father and the altered circumstances of the family, however, called forth his latent powers. It was necessary for him to do something for a livelihood, and he obtained a clerkship in the Union Insurance Office. The work was, however, uncongenial, and he determined upon a medical career, and to accomplish this he devoted his evenings to preparation for the matriculation of the London University. It is doubtful if he would have been able to carry out his intentions but for the generous aid of his maternal aunt, Miss Harvey, who not only defrayed the expenses of his education at the London Hospital, where he passed a most distinguished career, but continued her aid after he had become qualified in 1858, and enabled him to complete his professional education by studying for a year in Paris, and for a year subsequently in Vienna, and then afforded him the means of starting in practice. In 1859, when visiting Pesth, he became acquainted with Czermak, who had just rendered practical the discovery by Garcia of an instrument for the direct examination of the larynx. Impressed with the importance of the aid to the diagnosis and treatment of diseases of the throat afforded by the laryngoscope, and rapidly acquiring dexterity in its use, Morell Mackenzie came back to England, where he was the first to introduce the instrument. On his return he was appointed resident medical officer to the London Hospital, which office he held for eighteen months, and then became its first registrar. In 1861 he took his M.B. degree with honours in three subjects, and his M.D. in the following year. In 1866 he was elected assistant physician to the London Hospital, and in 1873 became physician. He was lecturer on physiology, jointly with Dr. Hughlings Jackson, for several years during this period. It will thus be seen that his medical training was exceedingly general, that his experience of medicine in all branches exceptionally wide, and that he was interested in the scientific as well as in the practical field. During these years he had, ever since his return from the Continent, been steadily pursuing his observations on diseases of the throat, and determined to devote himself to this subject.

Morell Mackenzie commenced practice in 1862, and his success from the first was remarkable. He was a genuine believer in specialism as the means of advance in the study and treatment of disease, and took an active part in forming the various special departments at the London Hospital. His articles on specialism in the *Fortnightly Review* in 1885 were somewhat aggressive assertions of his opinions on this subject, which excited a good deal of attention. The history of the Throat Hospital has been somewhat chequered. Dissensions have more than once arisen amongst the staff, and led to its reconstruction, and some years ago the Prince of Wales withdrew his patronage from the institution. Here, however, Mackenzie did his best work; his powers of teaching and demonstration, his manipulative dexterity and skill in operating, attracted large numbers of physicians from all parts of the kingdom, and, indeed, from all parts of the world. The publication of his monograph on "Growths in the Larynx," based on 150 observed cases and reports of 100 consecutive cases in 1871, raised him to a premier position in this department of his subject. His representative position as a leading laryngologist was recognised by his being appointed president of the Section of Laryngology of the International Medical Congress held at Copenhagen in 1884, and by the fact that when the British Laryngological Society was founded in 1888 he was elected its first president.

His very extensive practice compelled him to resign his office of physician to the London Hospital in 1874, but he continued to give a summer course of lectures at the London Hospital until 1885. His practice was an extremely large and lucrative one, but was enormously increased by the number of patients from whom he would not receive, or who were not in a position to offer him, a fee. He recognised in the fullest manner the claims of his professional brethren, and placed his services unreservedly at their disposal. He was extremely fertile in resources of treatment, not only as a curative means, but as regards palliative measures where nothing else could be attempted.

Sir Morell Mackenzie was an industrious writer. He obtained the Jacksonian Prize of the Royal College of Surgeons in 1863 for an essay on "The Pathology and Treatment of Diseases of the Larynx." In 1865 he published the first edition of "The Use of the Laryngoscope," which ran through three editions. He next published a monograph on "Hoarseness, Loss of Voice, and Stridulous Breathing in relation to Nervo-Muscular Affections of the Larynx"; in 1871 appeared "Growths in the Larynx," already alluded to; in 1879. "Diphtheria: its Nature and Treatment"; in 1883, "Hay Fever," which ran through three editions; and a semi-popular work on the "Hygiene of the Vocal Organs" in 1886, which has been translated into seven languages. He wrote the articles on Diseases of the Larynx in Russell Reynolds' "System of Medicine," and in the later editions of Aitken's "Principles and Practice of Medicine" revised the chapters on the Laryngoscope and Diseases of the Larynx. He brought out alone, or with the collaboration of his colleagues, four editions of the Pharmacopœia of the Hospital for Diseases of the Throat. He contributed frequently to the Transactions of the Clinical and Pathological Societies and to the medical journals, the most important of these smaller publications being an article on the "Differential Diagnosis and Treatment of Bronchocele" in THE LANCET of 1872. His *magnum opus*, however, was his systematic work on "Diseases of the Throat and Nose," the first volume of which appeared in 1880 and the second volume in 1884. This immediately took its place as the standard work on the subject. That such an amount of literary work should have been accomplished by one of the busiest physicians of his day is in itself remarkable; but it is simply extraordinary when, in addition to the professional demands on his time, his indifferent health, caused by almost constant asthma, is taken into consideration. With respect to his writings, all reviewers are agreed in recognising his clearness, precision, and literary style. He endeavoured to deal exhaustively with whatever subject he wrote upon, and took extraordinary and scrupulous care in working up the history and bibliography of every subject, never being

satisfied until every reference had been verified. In the latter matters he often obtained the aid of successive assistants and secretaries, but no one can claim to have done more than prepare the ground for him to work upon, for not a line and not a word passed without revision and re-revision several times before it satisfied his critical judgment. He was undoubtedly possessed of great literary powers, based on a sound education, retentive memory, and unusually wide reading. Writing was to him, in a great measure, a recreation. His article on specialism, already alluded to, was characteristic of his polemical bent. He was never content with occupying a defensive position, but at once carried the war into the enemy's camp with a vigorous assault, fearless of consequences to himself.

The fact that he was called in consultation with those already in attendance on the case of His Imperial Highness the Crown Prince of Germany, the nature of the malady from which the distinguished patient suffered, and the momentous importance attaching to the opinion formed and the issue of the malady, directed public attention to him in a manner which is rarely the fortune, bad or good, of any member of the profession. For his services to his patient whilst yet Crown Prince, Her Majesty conferred the honour of knighthood upon him, and when his illustrious patient ascended the throne as the Emperor Frederick III he, in very gracious terms, bestowed on Sir Morell Mackenzie the Grand Cross and Star of the Hohenzollern Order. After the fatal termination of the Emperor's illness a lamentable controversy arose in consequence of an attack upon his conduct and skill contained in a report by Professors Gerhardt and von Bergmann, which was replied to by Sir Morell Mackenzie in a book entitled "The Fatal Illness of Frederick the Noble." It is unnecessary to again enter into the details of the case or the mode in which the controversy was carried on. All are agreed as to the difficult and delicate position in which Sir Morell Mackenzie was placed, and most would probably now like to take an indulgent view of the manner in which he conducted his case. There are, however, two points which in justice to him should be touched upon. In the first place, it has been often asserted that he, whilst recognising the cancerous nature of the disease, concealed this knowledge with the intention (laudable or otherwise) of benefiting his patient's position with regard to the contingent vacancy in the throne. The present writer had frequent opportunities of discussing this question with Sir Morell Mackenzie, who never deviated from the position he took up in his report of Feb. 12th, 1888, which was printed in THE LANCET of Feb. 18th of that year. His position he then clearly defined by pointing out that it was one of those rare instances in which the clinical symptoms were indecisive, that the microscopical examinations of Professor Virchow had shown no evidence of cancer, and that the progress of the case alone permitted its characters to be determined. The second point is as to his entering upon a controversy upon the case, and the manner in which he conducted his share in this. Whilst deeply resenting the attack made upon him, Sir Morell Mackenzie hesitated whether to reply. The opinion of his intimate friends was somewhat divided on the subject, and he asked the advice of several statesmen, who thought he ought to take action in the matter. His decision was finally determined by the opinion of the highest authorities in this country, informing him that, as the statements contained in the reports of Professor Gerhardt and von Bergmann were contained in an official State document, and were not a mere newspaper attack, he was bound to reply to them. As to the mode in which the reply was actually carried into effect, those who advised him had of course no share or responsibility. Opinions differed as to the wisdom and form of the reply. Whilst some approved of it, the great majority of medical men, including the Royal Colleges of Physicians and Surgeons, who passed condemnatory resolutions on the matter, regarded it as an improper manner of vindicating his professional character and skill, no matter how these were aspersed and whatever provocation he received. The views of THE LANCET on the matter were fully expressed at the time.

In person Sir Morell Mackenzie was of tall stature and of slender build. He had a massive forehead, deeply set eyes, somewhat prominent cheekbones, due to his Scottish blood, and a mouth expressive of great determination. His eyes and complexion were dark, and his black hair had not a silver streak at the time of his death. He had a most impressive and kindly manner, which added greatly to his attractiveness. His tastes were highly artistic, he had travelled widely, and nearly all his holidays had an educational character. At one time he visited Norway to study the leper establishments, at another taking up geology, or, again, architecture. From the nature of his profession he was brought into contact with most of the eminent and interesting personages of the day, several members of the Royal family being patients at different times. He was profusely hospitable, his circle of friends unusually wide, and greatly attached to him. He was of an affectionate nature, a loyal husband and a devoted parent. To his fatherless brothers and sisters he acted a father's part, and was most generous, not only to those who had claims upon him, but to greater numbers who had not.

Sir Morell Mackenzie was never robust. For more than thirty years he had suffered severely from asthma, which increased upon him as years advanced. This necessitated the most careful management at all times, and curtailed many enjoyments. His intimate friends are agreed that his constitutional vigour was severely taxed by the mental and physical strain which his close and anxious attendance on the Emperor Frederick entailed, and that his health was never entirely regained. He had an attack of influenza in November last, which left him extremely prostrate and more than ever a sufferer from asthma. He became much worse on Jan. 19th, and was confined to his bedroom with bronchitis and asthma. The latter was so severe that for several nights he could not go to bed. He became a little easier and again able to lie in bed, and hopes were entertained that he might recover. On Feb. 3rd, however, he had a fit of coughing and difficulty of breathing, followed by syncope, and he passed away quite painlessly and unconscious in about ten minutes. Memorial services were held at St. Thomas's, Regent-street, and St. James's, Westmoreland-street, Marylebone, on the morning of his funeral, which took place at Wargrave, where he had a country residence and spent some of his happiest hours. The memorial services were numerously attended by very representative congregations, but his funeral was very quiet and simple, in accordance with his expressed wishes. He leaves a widow and five children, one of the latter of whom has all but completed his medical education.

G. R. TATUM, F.R.C.S. ENG., M.R.C.P. LOND.

ON January 18th, 1892, passed away at Salisbury a venerable gentleman of the medical profession, George Roberts Tatum, at the advanced age of eighty-four years, after a long period of failing health. He was the brother of Thomas Tatum, who for many years was surgeon, and subsequently Consulting Surgeon, to St. George's Hospital, London, and of the Rev. Wm. Tatum, formerly rector of St. Martin's, Salisbury. His father was Thomas Tatum, a captain in the South Wilts Militia, his grandfather John Tatum, who was the first physician to the Salisbury Infirmary; and his great grandfather Thomas Tatum, M.D., of Salisbury, who died at Mere. The subject of our memoir was a man of extremely brilliant mental power and of great ability in the exercise of his profession. After studying at St. George's Hospital he obtained his L.S.A. in 1829, M.R.C.S. Eng. in 1830, and F.R.C.S. Eng. in 1843. In 1830 he went to Paris to study at the Hôtel Dieu, where he attended the lectures of the famous Dupuytren. He used to recount how well he remembered Dupuytren drinking his bowl of milk and walking off with a long loaf of bread under his arm, with a proud air. Such was the primitive fare they then used to provide for the medical lecturers. In Paris he witnessed the sacking of the Archbishop's palace, and saw the priests' robes floating down the Seine. He entered the palace with the mob, and picked up a leaf from Procopius' "Wars of the Vandals" when they were destroying the library. Mr. Tatum was house surgeon of the Salisbury General Infirmary from Nov., 1833, to March, 1841, and this institution owes much to him for its capital working organisation and local prestige. He was elected an Honorary Surgeon in 1841, and discharged the duties of that office with great ability up to 1860, when he was elected a Consulting Surgeon, which position he continued to hold up to the period of his decease. Of fine physique and presence and with intellectual powers of such a high order, for scholastic attainments and knowledge of his profession, as well as for brilliancy of wit and repartee, Mr. G. R. Tatum was locally without a superior.

JOHN BARKER MAWER, L.R.C.P.LOND., M.R.C.S.

MR. JOHN BARKER MAWER died at Bucharest on Jan. 31st, aged seventy-six. Invited by the Roumanian Government, he went out to Bucharest in 1858, where he exercised his profession up to within a few days of his decease. Mr. Mawer was for many years Physician to the Brancovani Hospital and other public institutions. He was the author (in Roumanian) of "The Bringing-up of Young Children," and contributed several articles to current medical literature. He was a correspondent of THE LANCET during the Russo-Turkish war of 1877 and 1878, and, aided by friends in England, he mainly sustained a hospital of thirty beds for Roumanian soldiers. He declined a Roumanian decoration, saying that he was sufficiently compensated when the Prince and Princess—now King and Queen—of the country visited his hospital and personally thanked him for what he had done for their wounded. He also refused a Russian decoration, but on the ground that he had done nothing for Russian soldiers. He accepted the "Medjedie" from the Sultan, as he received Turkish wounded and tended some of them even after the closing of his hospital. Courteous, gentle, and charitable, Mr. Mawer was beloved by all classes. He was buried in the Protestant Cemetery on the 2nd inst., his coffin hidden by crowns and wreaths, one of the most prominent of which bore the inscription, "From the British colony, with sincere regret and esteem."

JOHN BASSETT, M.D. ST. AND., M.R.C.S.

WE regret to record the death of Dr. John Bassett, for many years one of the professors of midwifery in Queen's College, Birmingham, which occurred on Jan. 25th at his residence at Handsworth. Dr. Bassett was in his sixty-seventh year, and had retired from active practice; indeed, his health for more than a year past had been so very unsatisfactory that his death was not unexpected. He was educated at Guy's Hospital, where he entered as a student in 1843, having among his contemporaries Norman Chevers, Cleveland, and Braxton Hicks, with whom he maintained friendships only severed by death. Coming to Birmingham in 1846, after taking the membership of the Royal College of Surgeons, he was appointed house surgeon to the old Lying-in Hospital, and after a period of useful experience in that capacity he started in practice in Hockley. When Sydenham College was founded by Dr. Bell Fletcher in connexion with the General Hospital, Dr. Bassett joined the staff as lecturer on materia medica, which post he subsequently gave up in order to assume the chair of midwifery. At the amalgamation with Queen's College he became one of the joint professors of midwifery, a position he retained till a year or two ago, when failing health compelled him to resign. He was for a long time a member of the College Council, his resignation having been received at the last annual meeting of the governors of the College. In 1879 he delivered the Ingleby Lectures, which were published in the *Birmingham Medical Review*. His other contributions to medical literature were chiefly on obstetric subjects, among which his paper on Secondary Hæmorrhage is generally regarded as a classic. Dr. Bassett was twice married, and leaves a widow and two daughters. His son, Dr. H. Thurstan Bassett, died in South Africa last September. The profession in Birmingham will long remember Dr. Bassett as a worthy and amiable colleague, a devoted teacher and an honourable and upright man, who filled for many years a very useful position in the medical school, and did his duty without any thought for himself.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AT an ordinary meeting of the Council, held on the 11th inst., the minutes of the quarterly Council on Jan. 14th were read and confirmed.

The address of condolence to Her Majesty on the occasion of the decease of his Royal Highness Prince Albert Victor was read and entered on the minutes. Also the address of condolence to their Royal Highnesses the Prince and Princess of Wales on the occasion of the decease of H.R.H. Prince Albert Victor, prepared by the President and Vice-President, and forwarded by them. A letter of the 4th instant from Sir Francis Knollys was then read, expressing, by desire of their Royal Highnesses, the Prince and Princess of Wales, their heartfelt thanks to the President, Vice-President, and Council for their warm sympathy. Letters of the 25th ult., from Mrs. John Wood and Mrs. Berkeley Hill, thanking the Council for their resolutions of condolence, were also read.

Mr. A. E. Durham was elected a Vice-President for the remaining period of the Collegiate year, in the vacancy occasioned by the death of Mr. Berkeley Hill.

It was agreed that, as recommended by the Nomination Committee, the qualification for the office of Examiner for the Fellowship or Membership be unrestricted—that it be no longer necessary that the examiner be a Member or Fellow for either examination.

Mr. H. G. Howse, being eligible, was re-elected a member of the Court of Examiners in Surgery. Mr. Marcus Beck was elected an Examiner in Surgery in the place of the late Mr. Berkeley Hill. A letter of the 27th ultimo, from Mr. Wilde, was read, reporting that the action of Steele *v.* Savory had been dismissed by Mr. Justice Romer, with costs. The shorthand notes of the trial of the action were directed to be entered in the minutes.

The Council, in pursuance of their resolution on March 4th, 1889, proceeded to the further consideration of the infraction of Section xvii. of the By-laws, and resolved again to defer the consideration thereof to the next meeting of the Council on March 10th. In reference to this subject the Council determined that the Fellows and Members concerned be informed of this resolution.

Letters were read from Dr. Liveing, reporting the proceedings of the Royal College of Physicians on matters affecting the two Colleges.

The Council elected Mr. Marcus Beck a trustee of the Jacksonian Fund, the Hunterian Fund, and Sir Charles Blicke's bequest to the library, in the place of the late Mr. John Marshall.

Mr. Bryant, the President of the College, was appointed Hunterian Orator for the year 1893.

Medical News.

UNIVERSITY OF CAMBRIDGE.—At a congregation held on the 4th inst. Sir George Humphry was appointed to preside over the acts kept by candidates for the degree of Doctor of Medicine, and Dr. D. Macalister to preside over the acts kept by candidates for the degree of Bachelor of Medicine during the vacancy in the Regius Professorship. The proposal to appoint a Demonstrator to assist Professor Dewar, at a stipend of £100, and to abolish the office of assistant to the Professor, was carried by a majority of six. The following degrees have been conferred:—

Bachelors of Medicine and Bachelors of Surgery.—John Atlee, George Newstead Edmondson, Trevor Halket Evans, Lewis Gladstone Glover, St. John's; Donald Harvey Attfield, Peterhouse; Harold Barr Grimsdale, Gonville and Caius; Edward Branson Wrench, Downing; William Carling, non-collegiate.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, IRELAND.—The following gentlemen, having passed the necessary examinations under the conjoint regulations, have been admitted Licentiates of the Colleges:—

Ernest Harris Beaman, Henry Bouchier Hayes, Thomas Francis Dillon, John Joseph Michael Dowzer, John Henry Elmes, Malcolm Ferguson, Frank Williamson Foott, Edward Fitzgerald Frazer, William Cope Hamilton, Melville Keay, Herbert Buxton Ludlow, Edmund William Lynch, John Michael Mangan, Richard Moynahan, Alfred William Power, George Henry Russell, John Grant Warren, Reginald Joseph White, George Thomas Whyte, David Ernest Williams.

MEDICO-PSYCHOLOGICAL ASSOCIATION. — At the next quarterly meeting of the Association, to be held at Bethlem Hospital, London, on Feb. 18th, at 4 P.M., Dr. Ewart will read a paper on "Epileptic Colonies," and Dr. Hack Tuke will read for Dr. Jacobson, of Copenhagen, a paper entitled "Relations between Syphilis and General Paralysis." The Dissertations for the Bronze Medal and Prize must be sent to the President not later than the 30th of May, 1892. The examination for the Gaskell Prize will take place in July. Particulars may be obtained of the General Secretary.

LEPROSY IN THE TRANSVAAL.—A Reuter's telegram states that the Transvaal Government have had their attention directed to a number of lepers in Kaffir kraals to the north-east of Pretoria, and a report has come from Maritzburg that no fewer than fifty kraals at Ixapo—a division of Natal—were infected with the disease.

SMALL-POX IN MOROCCO.—Accounts from Mogador give grievous details of the extensive spread of small-pox in Morocco. Mellah appears to be the nucleus of the infection, and is described as being in a horrible condition of filth, whilst a large part of its inhabitants, chiefly on account of the ravages of the epidemic, are stated to be in great distress from the want of food and medical necessaries.

REMOVAL OF HUMAN REMAINS.—Application has been made by the rector and churchwardens of St. Helen's, Bishopsgate, to the Consistory Court of London for a faculty "to authorise the removal, on sanitary grounds, of a large number of remains of persons formerly buried" under the church, and disturbed in the work necessary for its restoration, to the consecrated burial-ground at Ilford.

AN INFECTIOUS DISEASES HOSPITAL FOR MEXBOROUGH.—At the meeting of the Mexborough Local Board on the 3rd inst. it was reported that an interview had taken place that day with the agent of Mr. Andrew Montagu, and that arrangements had been definitely made for the gift to the town of an acre of land on the western side of the cemetery for the purposes of land for an infectious diseases hospital.

MONTGOMERYSHIRE INFIRMARY.—The annual report for the past year (the twenty-fourth) shows that the work of the institution had been satisfactorily performed. There was a slight increase during the year to the number of in-patients, and the number of out patients under treatment remained about the same as in 1890. The year's subscriptions were less, attributed to several causes, and the expenditure shows an addition, accounted for by special cases requiring extra treatment.

THE RADCLIFFE INFIRMARY.—A quarterly court of the governors was held on the 27th ult. The auditors' report was adopted. The chairman entered into considerable detail on the financial condition of the infirmary, and regretted that he had to declare a very considerable deficit as it was the more vexatious because the receipts had not fallen off. But overspending had come upon them, and in its most insidious form, for nearly every item in the accounts is slightly raised, with the result that the expenditure was £470 in excess of the receipts. As to the remedy, it must be economy and retrenchment. It is proposed to transfer £205 from a fund called the establishment fund to the general income of the house, and £400 from the Lancashire fund to the building account.

THE SEWERAGE OF CAMBRIDGE.—For many years the attention of the local authorities has been given to the diversion of the sewerage of the borough from the river. The corporation, as the urban sanitary authority, has just come to a final decision on the question. At a meeting held last week the committee to whom the subject had been referred recommended the acquiring of sixty-seven acres of land adjoining the Milton-road at Chesterton for the purpose of precipitating the solids, and utilising and purifying the effluent, and the coöperation of the Chesterton sanitary authority in this scheme is to be solicited. The committee's recommendations were agreed to. Instructions were given to prepare the plans for the whole scheme, and application is to be made to the central authority for sanction to borrow the estimated cost, amounting altogether to about £120,000.

ORKNEY AND ZETLAND ASSOCIATION.—At the dinner in connexion with the annual meeting of this Association, held last week in the Waterloo Hotel, Edinburgh, Sheriff Thoms, on behalf of the Fair Islanders, presented to Dr. Sturrock (Tranent) a gold chain and pendant in recognition of his having last August left some friends and gone ashore at the Fair Isle to render assistance in a critical case of sickness. In his reply Dr. Sturrock said the nearest medical man to Fair Isle was at Dunrossness, about forty miles distant, and he suggested that for the benefit of the islanders a Fair Isle woman should be sent to Edinburgh to undergo a course of training at the maternity hospital and at the surgical and medical wards of the Royal Infirmary. For this object about nine months' study and funds would be required.

DISINFECTION OF CATTLE SHIPS.—The owner of a cattle ship was fined £5 by Mr. Mead at the Thames Police Court this week for neglect to disinfect the cattle spaces, as required by the Animals Order of 1886.

THE LATE MR. T. H. BARTLEET.—Last week a meeting was held of the committee appointed to arrange for a memorial of the late Mr. T. H. Bartleet, honorary surgeon to the General Hospital, Birmingham. Mr. W. Septimus Harding presided. The chairman stated that apparently about £250 would have to be disposed of. Several suggestions were made as to the form the memorial should take. Ultimately, it was decided that a stained glass window should be placed in the chapel of the new hospital.

OPEN SPACES.—The Tottenham Local Board has decided to purchase Bruce Castle and grounds, situate at Bruce Grove, Tottenham, at a cost of £15,000, for the purposes of a recreation ground for the use of the inhabitants of Tottenham, and negotiations are in progress for acquiring other open spaces for similar purposes in other parts of the parish. The St. Luke's Vestry has undertaken to maintain the "Oval" at Windsor-terrace, City-road, as a recreation resort. Trees and seats will be provided by the Metropolitan Public Gardens Association.

ROYAL METEOROLOGICAL SOCIETY.—At the ordinary meeting of the Society, to be held at 25, Great George-street, Westminster, on the 17th inst., at 7 P.M., the following papers will be read:—"Report on the Phenological Observations for 1891," by Edward Mawley, F.R.Met.Soc.; "The Untenability of an Atmospheric Hypothesis of Epidemics," by the Hon. F. A Rollo Russell, F R Met.Soc.; "The Origin of Influenza Epidemics," by Henry Harries, F.R.Met.Soc.; "Note on a Lightning Discharge at Thornbury, Gloucestershire, July 22nd, 1891," by Ernest H. Cook, D.Sc.

DEATHS OF CENTENARIANS.—The death is announced of Mrs. Hennings, aunt of the Rev. Gerald W. Druce, vicar of Harwich, in her 103rd year. She was an extensive reader, and was endowed with keen perceptive powers and a remarkable memory.—Samuel Shields died near Londonderry last week at the authenticated age of 108 years.—The death has been reported to the Burnley Rural Sanitary Authority of Robert Moore, of Barrowford, near Rochdale, at the age of 101.—Mrs. Clegg died last week near Enniskillen, aged 101 years. Deceased resided for more than eighty years in the same house. She leaves forty-seven grandchildren (out of sixty) and twenty-four great-grandchildren.

ADULTERATION IN THE CITY OF LONDON.—Dr. Sedgwick Saunders, the public analyst for the City, in his report to the Commissioners of Sewers on the articles analysed last year, states that 169 analyses were made of food and drink. No improvement had been shown in the action of the public respecting the advantages to be obtained by their taking the initiative in submitting samples for analysis, and, as heretofore, the Act would have remained a dead letter in the City if he had not continued to employ the inspectors to collect samples for analysis. That peculiarity had not been confined to the City, for of 27,465 samples analysed during the year by public analysts throughout the kingdom, all but 107 samples were obtained by officers of local authorities. Ever since the passing of the first Act in 1875 there had been a steady diminution in the percentage of articles examined and found adulterated by public analysts.

FOOTBALL CASUALTIES.—On Saturday, during the match Shepley against Honley (Huddersfield and District Challenge Cup competition), played at Honley, the Shepley full back, in a scrimmage, was seriously injured. Medical assistance was at once obtained, but subsequently he was conveyed to the Huddersfield Infirmary, where it was found that his "spine was broken," and he lies in a precarious condition. On the same day a young man was admitted into the Leeds Infirmary suffering from a fractured leg, sustained while playing in a match between the second teams of Otley and Kirkstall, and during the progress of the final round of the Keighley Charity Cup competition at Lawkholme, between the Ingrow and Keighley Shamrocks, an Ingrow halfback fractured his clavicle; also on the same day a youth, aged twenty, died from "lock-jaw" following an accident received whilst playing on the previous Saturday for Caton against Morecambe Church Institute at the latter place.

AN INSANITARY PORT.—The Board of Trade has issued a notice that in consequence, as they assume, of the insanitary condition of the Port of Santos, Brazil, the British Consul there has suggested that no ships should for the present be chartered for that port.

THE SEWERAGE OF MATLOCK.—The preliminary work of carrying out a sewerage scheme is occupying the attention of the local board of Matlock, Bath. The estimated outlay is about £9000. It is proposed to carry the effluent through Crowford, and join the works belonging to that village.

FRENCH HOSPITAL AND DISPENSARY.—The twenty-fourth annual dinner in aid of the funds of this institution will take place at the Hôtel Métropole (Whitehall Rooms) on Saturday, the 20th inst., at 6.30 P.M., the French Ambassador in the chair, supported by the Lord Mayor and the Sheriffs of the City of London.

NEW SOMERSET HOSPITAL, THE CAPE.—The work of adding a new wing to this institution has been successfully completed. The wing faces Table Bay, the extension being towards Mouille Point. It is two storeys high. The ground floor is fitted up as a children's ward. The first floor is divided into twenty cubicles for the nurses. The cost of this addition is £6000.

DENBIGHSHIRE INFIRMARY.—The annual report—the eighty-fourth—shows a slight increase in the number of in-patients and a decrease of out-patients. The disbursements exceeded the year's income by a small amount. A special effort, with only partial success, had been made to obtain additional subscriptions. The result of the testimonial to the late chairman, Mr. Gold Edwards, was that he donated the amount raised towards support of a free bed, which will be called after his name.

THE CITY OF LONDON TRUSS SOCIETY. — The report for the year 1891 is satisfactory. The applicants relieved in the course of the year numbered 9584, bringing up the total assisted since the foundation of the charity in 1807 to 470,829. The year's total income from all sources amounted to £4370 4*s*, and the expenditure to £5179 6*s*. 8*d*. The Society continues to vigorously carry on its good work in the relief of sufferers of all ages from hernia in all parts of the United Kingdom.

MEDICAL NOTES IN PARLIAMENT.

The Opening of Parliament.

THE sixth session of the present Parliament began on Tuesday, the 9th inst. There are many important matters affecting the public health and the profession most closely in touch with it already set down for discussion, of various shades of interest and utility, intended to secure to the people better means of living under conditions tending to their welfare. The Queen's Speech alludes to the establishment of local government in Ireland and the improvement of national education. Among the private members' Bills already on the table of the House the questions of the hours for labour in shops, in mines, and elsewhere will be introduced by Mr. Provand, Mr. Pritchard Morgan, Sir John Lubbock, and Sir J. M'Kenna. Sanitary improvements are recommended by Mr. Stephens in his Bill to enable local authorities to deal separately with the sewage of their districts; by Lord H. Bruce, who has tabled a Bill to provide improved cottages for rural labourers; and by Mr. Knowles, the advocate for the registration of plumbers. Bills dealing with the liquor question have been presented by Mr. Conybeare, Dr. Cameron, Mr. B. Rowlands, Mr. Broadhurst, and Mr. Johnston; while Colonel Kenyon Slaney and also Mr. Quilter have put forward Bills intended to secure the purity of beer. Mr. Mather wishes to give local authorities the power of assisting the hospitals out of the rates, and the Poor-law question receives attention from Mr. Pickersgill, Mr. Cobb, and several other hon. members.

Foot-and-Mouth Disease.

In the House of Commons on Thursday, Mr. Chaplin, Minister of Agriculture, was questioned at great length as to the outbreak of foot-and-mouth disease. He explained the steps which had been taken by his Department, and assured the House that he was not without hope of preventing the escape of the disease beyond the metropolitan area.

The Influenza.

In answer to Colonel Howard Vincent and Mr. Cobb, Mr. Walter Long, who replied for Mr. Ritchie, said that the Local Government Board having been of opinion that a further investigation ought to be instituted with reference to influenza, with a view to discovering its origin and the best mode of checking its fatal prevalence, an inquiry had already been commenced, and was now being conducted by the medical department of the Board with the assistance of pathological and other experts. In reply to further questions, Mr. Long said that if anything should result from the present inquiry, or if the Board should see their way to offer any assistance to local authorities or the general public, they would do it at once and to the very best of their ability.

BOOKS ETC. RECEIVED.

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CASSELL & COMPANY, London.
The Year-Book of Treatment for 1892. pp. 486.

COX, HORACE, "The Field" Office, Bream's-buildings, London, E.C.
Poultry for the Table and Market *versus* Fancy Fowls. By W. B. Tegetmeier, F.Z.S. 1892. pp. 111.

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A State Iniquity; its Rise, Extension, and Overthrow. By Benjamin Scott, F.R.A.S. 1890. pp. 401.

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Yellow Fever. A Monograph. By James W. Martin, M.D. 1891. pp. 56. Price 4*s*. net.

LEWIS, H. K., Gower-street, London, W.C.
Coca and Cocaine; their History, Medical and Economic Uses, and Medicinal Preparations. By Wm. Martindale, F.C.S. Second Edition. 1892. pp. 76. Price 2*s*.

SIHLER, CHR., Cleveland, O.
The Hydriatic Treatment of Typhoid Fever, according to Brand, Tripier and Bouveret, and Vogl. By C. Sihler, M.D., Ph.D. pp. 340.

SPRINGER, JULIUS, Berlin.
Die Untersuchung des Pulses. Von M. von Frey. 1892. pp. 260.
Handbuch der Arzneimittellehre. Bearbeitet von Dr. Theodor Husemann. 1892. pp. 687.
Lehrbuch der Geburtshülfe. Von Dr. Max Runge. 1891. pp. 504.
Lehrbuch der Untersuchungsmethoden innerer Krankheiten für Studirende und Aerzte. Von Dr. F. Wesener. 1892. pp. 490.

THACKER, SPINK, & CO., Calcutta.
Aids to Practical Hygiene. By J. Carter Battersby, M.B., B.Ch. Dub. 1891. pp. 165.

THOM & CO., Dublin.
Royal University of Ireland. The Calendar for the Year 1892. pp. 389.

The Liverpool Medico-Chirurgical Journal, No. 22, January, 1892 (Medical Institution, Liverpool, and H. K. Lewis, London); price 3*s*. 6*d*.—On the Ambulance Organisation and Medical Arrangements of an English Army Corps in the Field; by Surgeon-Captain C. J. Addison (J. T. Lemon, Netley).—Influenza, and how to go through it; by Clare Goslett (A. Iredale, Torquay, and Simpkin, Marshall, & Co. London, 1892); price 3*d*.—O Problema Medico-Legal no Processor Urbino de Freitas (Imprensa da Universidade, Coimbra, 1892).—Die Menschliche Stimme: nach Chas. Lunn's "Philosophy of Voice"; von Ludwig J. Trüg (Druck und Komm, Düsseldorf, 1892).—Elektrotherapeutische Studien; von Dr. A Sperling, Berlin (Th. Grieben's, Leipzig, 1892).—The Public Health (London) Act, 1891: a Handbook for the Use of House Property Owners; by Wm. H. Blanch (P. S. King & Son, Westminster, and E. W. Allen, London, E.C.); price 1*s*.—National Leprosy Fund: Journal of the Leprosy Investigation Committee; edited by P. S. Abraham, M.A., M.D. Irel.; No. 4, December, 1891 (Macmillan & Co., London); price 2*s*. 6*d*.—A Portrait Gallery: Our Celebrities; January, 1892 (Sampson Low, Marston, & Co., London); price 2*s*. 6*d*.—The Advertiser's A B C Directory, 1892 (T. B. Browne, Victoria-street, London); price 10*s*. 6*d*.—Journal of British and Foreign Health Resorts; No. 1, new series, January 1892 (1, Paternoster-buildings, London, E.C.); price 1*s*.—De l'Hydronéphrose Intermittente; par MM. F. Terrier et M. Baudouin (Félix Alcan, Paris 1891); pp. 308.—Quelques Cas d'Hystérie Mâle et de Neurasthénie; par le Professeur Grasset. Leçons Recueillies et Publiées par le Dr. S. Jeannel (G. Contet, Montpellier, et G. Masson, Paris, 1892).—Das Scheidensekret und seine Bedeutung für das Puerperalfieber; von Dr. Albert Döderlein (E. Besold, Leipzig, 1892).

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column, are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.*

BARRETT, W. P., M.R.C.S., has been appointed Medical Officer for the Folkestone Sanitary District of the Elham Union, vice Bateman, deceased.

BAYLEY, J. H., M.B., C.M. Edin., has been appointed Assistant House-Surgeon to the Northampton General Infirmary.

BROOKS, C., M.R.C.S., L.R.C.P., has been appointed House Surgeon to the Northern Hospital, Liverpool, vice R. D. Mothersole, resigned.

BULLIVANT, S., L.R.C.P. Lond., M.R.C.S., has been appointed Honorary Visiting House Surgeon to the Mansfield and Mansfield Woodhouse District Hospital.

CADMAN, A. W., has been appointed a Demonstrator of Anatomy at King's College.

CHILD, EDWIN, M.R.C.S., has been reappointed Medical Officer of Health for New Maldon.

COLLINGRIDGE, WILLIAM, M.D., D.P.H., M.R.C.S., has been reappointed Medical Officer of Health for the Port of London.

CRESSY, GEO. J., L.R.C.P., L.R.C.S. Irel., has been reappointed Honorary Surgeon of the Mansfield and Mansfield Woodhouse District Hospital.

FAUSSETT, H. J., M.D., M.Ch. Dub., has been reappointed Medical Officer of Health for the Tamworth Urban and Rural Sanitary Districts.

FLETCHER, F. J., L.S.A., has been appointed, *pro tem.*, Medical Officer of the Grantham Union, vice Collingwood, deceased.

FOWLER, Dr. J. KINGSTON, has been appointed a Physician to the Brompton Hospital for Consumption, vice Dr. F. T. Roberts, resigned.

GONIN, EDMUND H., M.B. Edin., &c., has been appointed House Physician to the City of London Hospital for Diseases of the Chest, Victoria-park, vice Dr. E. C. Williams, resigned.

GOULLET, CHAS. ARTHUR, M.R.C.S., L.R.C.P. Lond., has been appointed Surgeon to the St. John's Wood and Portland Town Provident Dispensary, N.W.

GREENWOOD, WM., M.R.C.S., has been appointed Medical Officer of Health for Ossett.

HARVEY, GEO., L.R.C.P. Edin., L.R.C.P. Irel., has been reappointed Medical Officer of Health for the Matlock Bath Urban Sanitary District.

HAYMAN, S. A., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer of the Workhouse, Abingdon Union.

HINDE, F. R. B., M.B., C.M. Edin., has been appointed Medical Officer of the Sawbridge Sanitary District for the Bishops Stortford Union.

HOBSON, LEWIS JOHN, M.D. Lond., B.S., F.R.C.S. Eng., has been appointed Honorary Consulting Physician to the Royal Bath Hospital and Rawson Convalescent Home, Harrogate.

HUNT, ROBT., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer for the Third Sanitary District of the Blackburn Union.

HUTCHINSON, WM., M.D., C.M. Glasg., has been appointed Medical Officer for the Finchingfield Sanitary District of the Braintree Union, vice Forrest, resigned.

JORDAN, J. F., M.B., B.Ch. Irel., L.R.C.P. Lond., M.R.C.S., has been appointed Assistant Surgeon to the General Hospital, Birmingham, vice Haslam.

KNYVETT, H. F., L.R.C.P., L.R.C.S. Edin., has been appointed House Surgeon to the Northampton General Infirmary, vice Durrant.

KIRTON, CHAS. S., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Adviser to the Salvation Army, Farm Colony, Hadleigh, Essex.

LEA, J., B.A., M.B., B.C., has been appointed Assistant House Surgeon to the Northern Hospital, Liverpool, vice S. J. Palmer.

LOWNDS, C. E., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg., has been appointed Medical Officer of the Workhouse, Great Ouseburn Union.

MUNRO, J. M., M.B., C.M. Aberd., has been reappointed Honorary Surgeon of the Mansfield and Mansfield Woodhouse District Hospital.

PALMER, S. J., M.B., M.R.C.S., has been appointed House Physician to the Northern Hospital, Liverpool, vice C. Brooks.

PANTING, JOHN, M.A. Cantab., M.R.C.S., L.R.C.P., has been appointed House Surgeon to the Middlesex Hospital.

SAUNDERS, WM. S., M.D. U.S., L.R.C.P. Edin., M.R.C.S., has been reappointed Medical Officer of Health and Public Analyst for the City of London.

SKAE, F. M. T., M.B. C.M. Edin., has been appointed Medical Officer for the Parish of Berwick.

WHITCOMBE, PHILIP, M.R.C.S., has been reappointed Medical Officer of the Hospital at Gravesend.

WILDING, W. F. W., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer of Health, Hindley, vice Aspinall, resigned.

Vacancies.

For further information regarding each vacancy reference should be made to the advertisement.

BOARD OF WORKS FOR THE LEWISHAM DISTRICT.—Analyst. (Apply to Mr. Wright, Board of Works Offices, Catford, S.E.)

BRADFORD INFIRMARY AND DISPENSARY.—Honorary Gynæcologist.

CANCER HOSPITAL (FREE), Fulham-road, S.W.—Two Surgeons.

CENTRAL LONDON SICK ASYLUM DISTRICT.—Assistant Medical Officer and Dispenser at the Asylum, Cleveland-street. Salary £100 per annum, with board and residence.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Assistant Physician. (Apply to the Secretary. Office, 24, Finsbury-circus, E.C.)

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—Resident Medical Officer for two years. Salary £80 per annum, with board, lodging, and washing.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E. — House Physician. Board and lodging provided.

GENERAL HOSPITAL, Birmingham.—House Governor. Salary £300 per annum, with board and apartments.

HENLEY UNION.—Medical Officer for the Hambleden District of the Union. Salary £70 per annum and the extra remuneration provided by the Order of the Poor-law Commissioners, and 15s. per case for Midwifery cases. (Apply to Mr. Lloyds, Clerk to the Guardians, Henley-on-Thames.)

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Assistant Physician.

HOSPITAL FOR DISEASES OF THE THROAT, Golden-square, W.—Vacancy on the Honorary Medical Staff.

HUDDERSFIELD INFIRMARY.—Senior Assistant House Surgeon. Salary £50 per annum, with board, lodging, and washing.

HUDDERSFIELD INFIRMARY.—Junior House Surgeon. Salary £40 per annum, with board, lodging, and washing.

LINCOLN ODDFELLOWS' MEDICAL INSTITUTE.—Resident Medical Officer. Salary £200, with Midwifery and Vaccination fees. House free, with allowance for coal, gas, rates, two Assistants, and Dispenser. (Apply to Mr. Coulson, 12, North-parade, Lincoln.)

LINCOLN ODDFELLOWS' MEDICAL INSTITUTE.—Doubly Qualified Assistant. Salary £120 per annum, out-door. (Apply to Mr. Coulson, 12, North-parade, Lincoln.)

LIVERPOOL DISPENSARIES.—Assistant Surgeon. Salary £80 per annum, with apartments, board, and attendance. (Apply to the Secretary, Leith Offices, 34, Moorfields, Liverpool.)

LIVERPOOL EYE AND EAR INFIRMARY.—House Surgeon. Salary £80, with residence and maintenance.

LONDON HOSPITAL, Whitechapel, E.—Assistant Surgeon.

NEWPORT AND COUNTY INFIRMARY, Newport, Mon.—House Surgeon. Salary £100 per annum, with board and residence (no stimulants provided).

NEWTON ABBOT UNION.—Medical Officer and Public Vaccinator for the Teignmouth (No. 9) District of the Union. Salary £75 per annum, which is to include all extra fees, with the exception of 10s. 6d. for each case of Midwifery attended, and the usual payment for vaccination. (Apply to the Clerk, Union Offices, Newton Abbot.)

NORTHUMBERLAND COUNTY ASYLUM, Morpeth.—Clinical Clerk. Board and residence provided.

PARISH OF LOCH GOILHEAD AND KILMORICK, N.B.—Medical Officer. Salary £70 per annum.

RAMSGATE AND ST. LAWRENCE ROYAL DISPENSARY AND SEAMAN'S INFIRMARY.—Resident Medical Officer. Salary £120 per annum (£10 allowed for substitute during annual holiday), with furnished apartments, gas, firing, and attendance.

ROTHERHAM HOSPITAL.—Resident House Surgeon. Salary £100 per annum, with board, furnished apartments, and washing, but exclusive of wine, spirits, and beer.

ROYAL HOSPITAL FOR CHILDREN AND WOMEN, Waterloo-bridge-road, S.E.—Resident Medical Officer. Salary £70 per annum, with board and apartments.

ST. THOMAS'S HOSPITAL MEDICAL SCHOOL, Albert Embankment, S.E.—The Chair of Chemistry.

TEIGNMOUTH, DAWLISH, AND NEWTON INFIRMARY, DISPENSARY, AND CONVALESCENT HOME.—House Surgeon (to act as Secretary). Salary £40, with board and lodging.

TOWER HAMLETS DISPENSARY.—Resident Medical Officer. Salary £120 per annum, furnished rooms, coals, gas, and attendance. (Apply to Secretary, Tower Hamlets Dispensary, White Horse-street, Stepney, E.)

UNIVERSITY OF GLASGOW.—Three Assistant Examiners. The annual fee to each Examiner is £30, and the term of office in each case is four years from April 1st next.

WEST BROMWICH DISTRICT HOSPITAL.—House Surgeon. Salary £80 per annum, with board, residence, and washing.

Births, Marriages, and Deaths.

BIRTHS.

BRETT.—On Feb. 7th, at Shepherd's-bush-road, W., the wife of W. G. Brett, M.R.C.S., L.R.C.P., L.S.A., of a daughter.

DAVIES.—On Feb. 3rd, at Lansdown, Stroud, Gloucestershire, the wife of Albert Barnes Davies, M.R.C.S., of a daughter.

DEACON.—On Feb. 4th, at Selhurst-road, South Norwood, the wife of Dr. Deacon, Army Medical Staff, of a son.

ROBERTSON.—On Feb. 8th, at Gonville House, Roehampton, S.W., the wife of A. Milne Robertson, M.D., of a son.

MARRIAGES.

CAVE—COOKE.—On Feb. 9th, at the Church of SS. Philip and James Oxford, Edward John Cave, M.D. Lond., of Crewkerne, Somerset, to Helen Cassandra, eldest daughter of the late Rev. S. H. Cooke, Vicar of Northbourne, Kent.

KEIFFENHEIM-TRUBRIDGE—CUNNINGHAM.—On Feb. 3rd, at St. Philip's, Kensington, L. W. Keiffenheim-Trubridge, M.D., M.R.C.S., L.R.C.P., of Cliveden-place, Eaton-square, S.W., to Eva Beatrice, third daughter of the late James Elliot Cunningham, Lexham-gardens, Kensington.

SHARP—HART.—On Feb. 3rd, at Christ Church, Bradford, Percy Sharp, L.R.C.P., M.R.C.S., L.S.A., of Brant Broughton, Newark-on-Trent, younger son of the late John Buckley Sharp, Esq., of Bradford, to Florence Elizabeth, youngest daughter of the late John Hart, Esq., of London.

SPITZLY—SHEDDEN.—On Dec. 21st, 1891, at the Kirk, Paramaribo, Dutch Guiana, South America, by the Rev. Dr. Zaalberg, John Henry Spitzly, M.R.C.S. Eng., L.R.C.P. Lond., Senior Surgeon of the Military and Colonial Hospital, to Janet Shaw Farquhar, daughter of the late Lewis Shedden, and niece of James Crawford, Thurmaston, near Leicester, England.

STORRS—GRAHAM.—On Feb. 10th, at St. James's, Norlands, Nottinghill, by the Rev. Townsend Storrs, father of the bridegroom, assisted by the Rev. G. Earle Stodart, senior curate, William Henry Townsend Storrs, M.R.C.S., L.R.C.P., of Macclesfield, to Isabel Marian, second daughter of the late Major H. A. Graham, 105th Madras Light Infantry, and of Mrs. Graham, of Trevallyn, Sandown, Isle of Wight.

DEATHS.

BURDER.—On Feb. 6th, at South-parade, Clifton, Bristol, suddenly George Forster Burder, M.D., F.R.C.P., F.M.S., aged 67.

CURTIS.—On Feb. 8th, at Petersfield, Collins Curtis, M.R.C.S., aged 55.

FEATHERSTONHAUGH.—On Feb. 1st, at his residence, Gateshead-on-Tyne, Henry Featherstonhaugh, M.R.C.S., aged 76.

GOOD.—On Jan. 30th, at his residence, Dorchester, John Good, M.R.C.S., aged 74.

HELE.—On Feb. 5th, at Rowley House, Aldeburgh-on-Sea, Suffolk, Nicholas Fenwick Hele, M.R.C.S. and L.S.A., aged 57.

KINGSLEY.—On Feb. 5th, at Mortimer-road, Cambridge, Dr. Geo. Henry Kingsley, aged 65.

MAWER.—On Jan. 31st, at Bucharest, John Barker Mawer, L.R.C.P.L., in his 76th year.

RAYNE.—On Jan. 21st, at Cambridge-gardens, W., W. Theodore Rayne, M.R.C.S. Eng., L.R.C.P. Lond., of influenza and pneumonia, after a very short illness.

REID.—On Feb. 2nd, at his residence, Aberdeen, William Reid, M.D., C.M. Aberd., aged 55.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

Medical Diary for the ensuing Week.

Monday, February 15.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M., and on Tuesday, Wednesday, Friday, and Saturday at the same hour.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations daily at 10 A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.
CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M.; Thursday, 2.30.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and each day in the week at the same hour.
UNIVERSITY COLLEGE HOSPITAL.—Ear and Throat Department, 9 A.M.; Thursday, 9 A.M.
LONDON POST-GRADUATE COURSE.—Royal London Ophthalmic Hospital: 1 P.M., Mr. R. Marcus Gunn: Cataract.—Great Northern Central Hospital: 8 P.M., Dr. Galloway: Genito-Urinary Tract.
MEDICAL SOCIETY OF LONDON.—8.30 P.M. Dr. J. S. Bristowe: On the Cure or Subsidence of Ascites due to Hepatic Disease.—Dr. Donald Hood: Hæmatemesis, with special reference to that form met with in early adult female life.

Tuesday, February 16.

KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.; Fridays and Saturdays at the same hour.
GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at same hour. Ophthalmic Operations on Monday at 1.30 and Thursday at 2 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL, BROMPTON.—Operations, 2 P.M.; Saturday, 2 P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Consultations, Monday, 2.30 P.M. Skin Department, Monday and Thursday, 9.30 A.M. Throat Department, Tuesdays and Fridays, 1.30 P.M. Electro-therapeutics, same day, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Professor V. Horsley: The Brain.
LONDON POST-GRADUATE COURSE.—Hospital for Skin Diseases, Blackfriars: 4 P.M., Dr. Payne: Erythema and Allied Affections.—Bethlem Hospital: 2 P.M., Dr. Percy Smith: General Paralysis of the Insane.—Charing-cross Medical School: 8 P.M., Dr. J. Braxton Hicks: The Diagnosis of Pregnancy.
PATHOLOGICAL SOCIETY OF LONDON.—Discussion on Phagocytosis and Immunity, by Dr. G. Sims Woodhead, Professor Burdon Sanderson, Professor Klein, Dr. J. G. Adami, Dr. W. Hunter, Dr. A. A. Kanthack, Dr. Sidney Martin, Dr. A. E. Wright, Mr. T. J. Bokenham, Mr. Cartwright Wood, and others.

Wednesday, February 17.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1.30 P.M.; Saturdays, 2 P.M. Obstetrical Operations, Thursdays, 2 P.M.
CHARING-CROSS HOSTITAL.—Operations, 3 P.M., and on Thursday and Friday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.
LONDON HOSPITAL.—Operations, 2 P.M.; Thursday & Saturday, same hour.
ST. PETER'S HOSPITAL, COVENT-GARDEN.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.
GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 1.30 P.M.; Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.
CHILDREN'S HOSPITAL, GREAT ORMOND-STREET.—Operations, 9.30 A.M. Surgical Visits on Wednesday and Saturday at 9.15 A.M.
LONDON POST-GRADUATE COURSE.—Hospital for Consumption, Brompton: 4 P.M., Dr. J. Mitchell Bruce: Complications of Phthisis.—Royal London Ophthalmic Hospital: 8 P.M., Mr. A. Q. Silcock: Myopia.—Parkes Museum (Margaret-street, W.): 1 P.M., Dr. Louis C. Parkes: Dwelling-Houses.
ROYAL METEOROLOGICAL SOCIETY (25, Great George-street, Westminster).—7 P.M. Mr. Edward Mawley: Report on the Phenological Observations for 1891.—Hon. F. A. Rollo Russell: The Untenability of an Atmospheric Hypothesis of Epidemics.—Mr. Henry Harries: The Origin of Influenza Epidemics.—Mr. Ernest H. Cook: Note on a Lightning Discharge at Thornbury, Gloucestershire, July 22nd, 1891.
EPIDEMIOLOGICAL SOCIETY OF LONDON.—8 P.M. Dr. R. Sisley: Is Influenza Etiologically Distinct in Man and in Animals?
ROYAL MICROSCOPICAL SOCIETY.—8 P.M. Address by the President (Dr. R. Braithwaite).

Thursday, February 18.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. Surgical Consultations Wednesday, 1.30 P.M. Ophthalmic Operations, Friday, 1.30 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Ear and Throat Department, 9 A.M.
ROYAL INSTITUTION.—3 P.M. Professor E. Ray Lankester: Some Recent Biological Discoveries.
LONDON POST-GRADUATE COURSE.—Hospital for Sick Children, Great Ormond-st.: 4 P.M., Dr. Barlow: Illustrations of Abdominal Disease in Children.—National Hospital for the Paralysed and Epileptic: 2 P.M., Dr. Ormerod: Electrical Testing.—London Throat Hospital, Gt. Portland-st.: 8 P.M., Mr. W. R. Stewart: Some Complications of a Chronic Middle Ear Suppuration.
HARVEIAN SOCIETY (Stafford Rooms).—8.30 P.M., Mr. Pepper: Disease of the Mastoid Bone.

Friday, February 19.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
LONDON POST-GRADUATE COURSE.—Hospital for Consumption, Brompton: 4 P.M., Dr. J. Mitchell Bruce: Complications of Phthisis.—Bacteriological Laboratory, King's College: 11 A.M. to 1 P.M., Prof. Crookshank: Actinomycosis (Sections, Human and Bovine).—Charing-cross Medical School: 8 P.M., Dr. J. Braxton Hicks: Version.
ROYAL INSTITUTION.—9 P.M. Professor Percy F. Frankland: Micro-organisms in their relation to Chemical Change.

Saturday, February 20.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; and Skin Department 9.15 A.M.
LONDON POST-GRADUATE COURSE.—Bethlem Hospital: 11 A.M., Dr. Percy Smith: General Paralysis of the Insane.
ROYAL INSTITUTION.—3 P.M., Right Hon. Lord Rayleigh: Matter, at Rest and in Motion.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, Feb. 11th, 1892.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Maximum Temp. Shade.	Min. Temp	Rainfall.	Remarks at 8.30 A.M.
Feb. 5	29·60	W.	41	39	71	51	34	·02	Cloudy
,, 6	29·86	W.	43	41	56	51	41	..	Cloudy
,, 7	29·91	S.W.	50	49	58	54	41	·03	Cloudy
,, 8	29·79	S.W.	47	46	72	52	46	·04	Raining
,, 9	30·29	S.W.	44	43	56	50	43	·10	Overcast
,, 10	30·32	W.	50	49	55	52	43	·03	Overcast
,, 11	30·43	W.	47	45	55	50	43	·03	Overcast

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editors."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news paragraphs should be marked and addressed "To the Sub-Editor."

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

We cannot undertake to return MSS. not used.

FOREIGN BODY IN THE EAR.

To the Editors of THE LANCET.

SIRS,—R. W., aged forty-three, railway signalman, came to the Infirmary stating that when six years of age, something got into his left ear, but that as no ill effects ensued, his parents had nothing done. About six months ago he began to hear noises in the head, with buzzing on the left side. These got worse and he found himself getting deaf. He came to the infirmary, and on examination I detected a foreign body. After carefully syringing the ear for some time a large stone, covered with cerumen, escaped. The drum appeared quite normal, and the patient now hears quite well and is free from noises in the head. This stone, a drawing of which I send, exact size, must have been in the external auditory canal without inconvenience or doing harm for about thirty-seven years. The reason why he experienced the noises &c. during the last six months was, I think, on account of the wax accumulating sufficiently to completely block up the canal.

I am, Sirs, yours faithfully,

FRED. A. A. SMITH, M.D.,
Hon. Surgeon, Cheltenham Eye, Ear, and Throat Infirmary.
February, 1892.

G. P.—It would be well for the parties in the dispute to meet and endeavour to come to an understanding. There would seem, according to the statement of our correspondent, to be no reason why the matter should not be amicably settled.

Mr. A. T. Spence is referred to a general notice given above.

C.—Yes, in an early number.

CONDENSED MILK.

To the Editors of THE LANCET.

SIRS,—The very large quantity of condensed milk which is used by all classes for feeding young infants makes it important that the report in *The Times* of Feb. 6th on the quality of much of the condensed milk that is now being sold, particularly to the poorer classes, should not pass unnoticed. By the use of the "separater" it is possible to reduce the quantity of cream from its normal standard in cows' milk of about 3 per cent. to ·03 per cent.—that is, from 3 per cent. to 3 per 10,000. If the quantity of cream be estimated by volume, it is found to amount to about 10 per cent.—that is to say, in ten ounces of milk we shall have one ounce of cream. Therefore, on this calculation, an infant taking thirty ounces of milk a day—that is, a pint and a half—will receive fifteen drops of cream, instead of three ounces, the quantity for human milk (a pint and a half). Now, although it is generally found necessary to dilute cow's milk with an equal quantity of water for young infants, this, of course, is done chiefly to reduce the proportion of casein, which is so much greater in the milk of the cow than in that of the woman. Seeing that human milk contains as much cream as that of the cow, it does not seem wise to remove or reduce the proportion of cream. How far it is proper to remove it almost entirely, as is done in some of the condensed milks, need not be discussed. This point is deserving of attention. By the old-fashioned mode of skimming it was not possible to extract the cream nearly so completely as is done by the separater, and thus skimmed milk is a very different thing from separated milk. To sell one for the other would probably be considered by a jury a fraudulent imposition. At least, let us hope so.

I am, Sirs, yours faithfully,

London, Feb. 10th, 1892. ROBERT LEE, M.D.

Mr. Edward Shaw.—We are not aware of any separate monograph. Our correspondent will find ample information in Reynolds' System of Medicine, vol. v., and in Pepper's System of Medicine, vol. iii.

Common Sense is thanked for his communication. Mistakes of the kind are inevitable where information is drawn from various sources.

Inquirens.—Our reply must be in the negative.

AFRICAN FEVER.

To the Editors of THE LANCET.

SIRS,—With reference to your note regarding African fever, I may say that I should be very glad to have any communication from Africa or elsewhere. I have had during the previous few months various samples of blood from the West Coast of Africa, and an examination of them goes to prove that Laveran's observations with regard to malaria are correct. I have recently published my opinion with regard to the black-water fever, and therefore do not need to refer to it again; but, as far as my experience goes, it is only a form of malarial fever. The difficulty, I apprehend, with these medical men is that they go out to the tropics without having had any instruction with regard to the climatology and the various differences which disease takes in the tropics. For the last few years I have been trying to give men going to tropical regions information about these subjects, and I shall always be glad to do so in the future.—I am, Sirs, yours faithfully,

Edinburgh, Feb. 9th, 1892. ROBERT W. FELKIN, M.D.

To the Editors of THE LANCET.

SIRS,—I have read with much interest the letter of Dr. Harford-Battersby in your issue of the 30th ult., in which he mentions the so-called black-water fever of West Africa. From my experience of this form of malarial fever the appearance of the pigmented urine is merely a symptom of an unusually acute attack of ordinary remittent fever. I have never known true hæmaturia to occur in the course of a malarial fever; red corpuscles being very rarely found in the urine under the microscope, but hæmatin crystals are frequent. May not the appearance of this blood pigment in the urine be nature's method of eliminating it from the system in which it is set free by the malarial poison? I have noticed that in the few cases I have seen there was less discolouration of the skin after the fever abated in those who passed "black water," than in those who did not, and I believe that this discolouration is due, not to jaundice, as is commonly taught, but to the presence of free hæmatin in the blood. I believe, too, that the fatality of this form of fever is increased by the dread in which it is held. I should be glad to receive any information on this subject from any of your readers.—I am, Sirs, yours faithfully,

H. ATHILL CRUTTWELL, L.R.C.S., L.R.C.P.Edin.
(Late Medical Staff, Niger Territories.)

Kensington-park-road, Feb. 10th, 1891.

THE BRUSSELS GYNECOLOGICAL AND OBSTETRICAL CONGRESS.

To the Editors of THE LANCET.

SIRS,—I am authorised by Dr. Jacobs, General Secretary to the Congress, to state that the following gentlemen have been elected honorary presidents:—Drs. Priestley, Playfair, Watt Black, Elder, Galabin, Gervis, J. Williams, Bantock, Champneys, White, and Herbert Spencer; and Mr. Lawson Tait and Mr. J. Knowsley Thornton.

I remain, Sirs, yours truly,

ALBAN DORAN,
English Secretary to the Congress.

Granville-place, W., Feb. 9th, 1892.

POOR LAW MEDICAL OFFICERS ABROAD.

THE Irish dispensary doctors are not the only medical officers appointed to attend on the poor who are bestirring themselves to get their grievances redressed. The Spanish "parish doctors" have for some time past been discussing their grievances in the medical press, and have also lately held a congress for the better ventilation of their wrongs, which seem to be chiefly traceable to the parsimony and oppressive behaviour of municipal and parochial boards. The Italian parochial medical officers have also a serious but somewhat strange cause of complaint against the parochial authorities, which they are about to hold a congress at Milan for the purpose of discussing. According to a law passed some three or four years ago a medical officer, after three years' satisfactory tenure of a post, is entitled to have his appointment confirmed, after which he cannot be discharged by the local authorities. This security of tenure, however, does not please the local boards. The consequence is that they are evincing a disposition to terminate the engagements while they can do so—that is, before the three years have expired. Against these vexatious tactics appeals are constantly being made by the medical officers receiving their congé, first to the provincial medical council, then to the prefect, and finally to the Minister of the Interior, the results being apparently very uncertain and unsatisfactory.

Cyclops.—We think it would probably be held that (1) an unqualified assistant is not liable to any prosecution or penalty for vaccinating children.—2. The certificate states that the child has been vaccinated "by me"; and a practitioner who signs such certificate appears to be technically guilty of an offence under 30 & 31 Vict., cap. 84, Section 30. But if these words be omitted, the certificate could hardly be held to be a false one.

Medicus will see in another column of our present issue an article which deals with the subject of his communication.

Syntax should communicate with the Chairman of the Prisons Board, Sir E. F. Du Cane, Home Office, Whitehall.

Censure.—A solicitor should be consulted on the matter.

SAMARITAN HOSPITAL FOR WOMEN AND CHILDREN, BELFAST.

To the Editors of THE LANCET.

SIRS,—The paragraph from your Irish correspondent in THE LANCET of Feb. 6th in reference to the annual meeting of the above hospital is very complete and very fair. Permit me to add, however, that the bequest of £1000 by the late Miss Charters will, according to custom, be added to the endowment fund, and only the interest be used as income. The committee have always made it a rule to keep the expenditure within the income; so there is always a balance in hand. If larger hospitals would do the same, there would be less crying out for want of funds. Unfortunately, the managers of many hospitals are not large subscribers to the funds. The committee of the Samaritan Hospital are all subscribers, and everything is done in a business-like manner.—I am, Sirs, yours faithfully,

W. K. MCMORDIE, M.D.,
Surgeon to the Hospital, and Member of the Committee.

Belfast, Feb. 6th, 1892.

THE CASE OF EXCISION OF THE ILEO-CÆCAL VALVE AT ST. THOMAS'S.

To the Editors of THE LANCET.

SIRS,—I would wish to make the following additions to the case of resection of intestine reported in the "Mirror" of your issue of Feb. 6th. The operation for restoring the continuity of the bowel, after removal of the growth by Mr. Sydney Jones, was performed by Sir William MacCormac. The merit of the diagnosis of the case is due to Dr. Bristowe, under whose care the patient was at first.

I am, Sirs, yours faithfully,

Lambeth Palace-road, Feb. 8th, 1892. H. BETHAM ROBINSON.

*** With respect to the case referred to above, we understand that Mr. Sydney Jones would have performed the second stage of the operation had he not been prevented from doing so by the expiration of his term of office as surgeon to the hospital.—ED. L.

COMMUNICATIONS not noticed in our present issue will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Althaus, London; Dr. Atkinson, Surbiton; Dr. Ackerley, Ashburton; Mr. Alsop, Newton Abbot; Dr. Brock, London; Mr. Brew, Kerry; Messrs. Boyd and Co., Belfast; Mr. Bagshawe, St. Leonards; Messrs. Bowles and Co., London; Dr. Baudouin, Paris; Messrs. Burgoyne, Burbidges, and Co., London; Dr. Barbour, London; Dr. Bronson, Ilkley; Mr. T. Bryant, London; Mr. T. B. Browne, London; Mr. E. Biles, West Ham; Mr. Buckley, Oldham; Mons. Barrier, Courville; Mr. H. Brown, Edinburgh; Mr. Bunshaw, Kathiawar; Messrs. Bailey and Son, London; Mr. Birchall, Liverpool; Messrs. Clarke, Son, and Platt, London; Professor Charteris, Glasgow; Messrs. Coxeter and

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NEWSPAPERS.—*Derbyshire Advertiser, Toronto Mail, Scotsman, Birmingham Gazette, Philanthropist, Lincolnshire Chronicle, Yorkshire Post, The Review, Hertfordshire Mercury, Liverpool Mercury, Stroud News, Scottish Leader, West London Observer, Bath Herald, Melbourne Leader, Insurance Record, Western Morning News, Bury Post, Royal Cornwall Gazette, Dundee Advertiser, Oswestry Advertiser, Dorset County Chronicle, Temperance Record, Manchester Examiner, Times of India, West Middlesex Standard, Le Temps (Paris), Pioneer Mail (Allahabad), Evening Reporter, The Financier, Bradford Daily Telegraph, Gazzetta degli Ospitali, Kentish Mercury, North Devon Herald, Southampton Times, Mark Lane Express, Burnley Express, Worcester Echo, Canterbury Journal, Northampton Mercury, Sydney Mail, Doncaster Chronicle, Liverpool Daily Post, Leeds Mercury, Local Government Chronicle, Bristol Mercury, Surrey Advertiser, Architect, Builder, Darwen Post, Weekly Press (Pretoria), &c.*, have been received.

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